DOCUMENT RESUME

ED 384 475 RC 020 178

TITLE	The Integration of Education and Social Services in Rural, Small Schools. Rural, Small Schools Network Information Exchange: Number 17, Fall 1994.
INSTITUTION	Regional Laboratory for Educational Improvement of the Northeast & Islands, Andover, MA.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
PUB DATE	94
CONTRACT	RP91002008
NOTE	132p.
PUB TYPE	Collected Works - General (020)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	Agency Cooperation; *Cooperative Programs; *Educational Change; Elementary Secondary Education; Family Programs; *Integrated Services; Program Descriptions; Program Evaluation; *Program Implementation; Rural Education; *Rural Schools; School Health Services; School Role; *Social Services; Teacher Role

ABSTRACT

This packet includes reprints of journal articles, reports from social service agencies, government agencies, and consulting and educational organizations currently implementing or evaluating interagency collaboration in small, rural schools. The five sections of the packet explain integrated services and the impact on rural schools; issues affecting the integration of education and social services, such as funding, evaluation, and change in teacher roles; collaboration and relationship building, school and community partnerships, and trust and ownership of participants; recommendations to guide schools and services; and a list of organizations and references. Articles include: (1) "Rural Schools and Service Integration: They Seem Willing--But Are They Able?" (Robert Bhaerman); (2) "Rural Schools and Social Services" (Jacqueline D. Spears, Larry Combs, Gwen Bailey); (3) "Streamlining Interagency Collaboration for Youth At Risk": (Grace Pung Guthrie, Larry F. Guthrie); (4) "Funding Initiatives for School-Linked Family Services" (Frank Farrow); (5) "Evaluation of School-Linked Services" (Deanna S. Gomby, Carol S. Larson); (6) "Parent and Community Support and Involvement" (Goals 2000); (7) "Building Trust and Ownership" (Atelia I. Melaville, Martin J. Blank, Gelareh Asayesh); (8) "Developing Relationships with School Staff and Students" (Ellen L. Marks, Carolyn H. Marzke); (9) "Schools Reaching Out: Family, School and Community Partnerships for Student Success" (Don Davies); (10) "Collaboration between Schools and Community Agencies in Rural Settings" (Beverly B. Hobbs); and (11) "Going to Scale" (Atelia I. Melaville, Martin J. Blank, Gelareh Asayesh). The last two sections include additional information on implementation of integrated services, and organizations concerned with integration of education and social services. Contains 14 references. (LP)

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The Regional Laboratory
for Educational Improvement of the Northeast & Islands

Fall 1994

Dear Rural, Small School Educator:

"The clinic staff listened and learned that we would have to provide more than just health care. We were here to provide healthy caring, a process that grows over time and comes from being part of a young person's everyday life." –Testimony of Laura Secord, nurse practitioner in a high school, speaking before the U.S. Senate Committee for Labor and Human Resources, July 28, 1992.

We know that children cannot learn if they are not fed, given adequate health care, and are not attended to by loving caregivers. To more efficiently and cohesively address the larger issues of poverty, health, education and social services, many rural and urban communities have moved toward a new design, bringing social service and education personnel and resources together. These agencies have collaborated to form on-site school clinics, family centers, parent centers, home visit programs, and school-based comprehensive services. These efforts represent the vision of educators and social services personnel to care for the whole child, to improve their opportunities to learn and live creative and productive lives.

This Information Exchange Packet is a compilation of articles from the reports of many social service, government, consulting and educational organizations currently implementing or evaluating interagency collaborations. The first section offers a general explanation of integrated services and the impact of this new design on rural schools. The second section examines the issues that affect the integration of education and social services, such as funding, evaluation, and the change in teacher roles, and the impact of Goals 2000 on integrated services. In the third section the articles discuss collaboration and relationship building, school and community partnerships, and trust and ownership of the participants. The fourth section contains recommendations to guide schools and services, with ideas implemented by specific communities. Section V is a list of resources including organizations and written references. Many of the articles provide addresses and contacts for the schools using these programs.

We hope this will be of use to you in addressing the myriad issues that abound in enhancing and improving the school community. We have included an evaluation card for your comments on this information packet and we also welcome your suggestions for future topics. You may contact us at the Rural, Small Schools Network, 83 Boston Post Road, Sudbury, MA 01776, (508) 443-7991.

Sincerely,

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SECTION I: INTRODUCTORY ARTICLES ON THE INTEGRATION OF EDUCATION AND SOCIAL SERVICES

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RESEARCH & EVALUATION

RURAL SCHOOLS AND SERVICE INTEGRATION:

They Seem Willing—But Are They Able?

by Robert Bhaerman

Schools in the 1990s no longer operate according to business as usual. Almost every week some interest group at the federal, state, or local level proposes a new strategy that boldly states: "This is what is wrong with schools, and here is what we should do to set them right." Because few of the proposed initiatives have been tested over time, educators may want to reject some of them out of hand. Others, however, indicate great promise for improving the conditions of schools and the communities they serve.

One of the more promising of these proposed initiatives is based on the vision of schools as community learning and service centers that deliver a wide array of health, educational, and social services to children, youth, and their families. The delivery process, often called *service integration*, implies fundamental transformation of the missions of both schools and community agencies.

Rural children, youth, and their families particularly face an inordinate amount of educational, health, and social problems, yet often they are not considered by many service providers. As recent Children's Defense Fund (CDF) data indicate, many of the needs of rural students and their families equal or surpass those in urban and suburban communities.[1] In a brief summary of his longer CDF study, Arloc Sherman noted that "childcare is in shorter supply in rural areas, rural preschool children are less likely to be in programs with educational content, and rural childcare workers have less education than metro childcare workers."[2]

A Rural Perspective

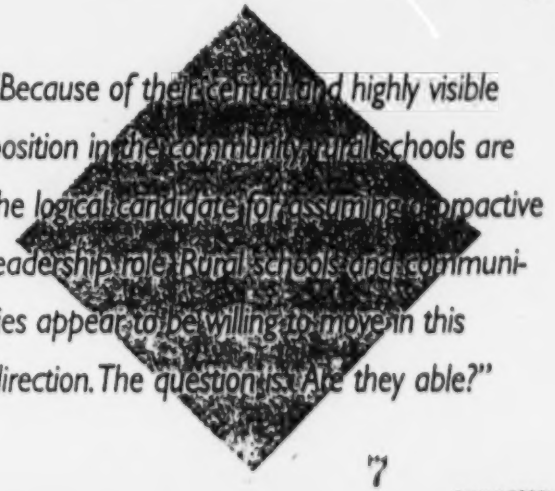
In late 1992, I began to study service integration from a rural perspective, reviewing the relevant literature, corresponding with numerous practitioners, and surveying 20 additional practitioners by means of a 13-item, open-ended questionnaire. The questions related to such issues as the roles of rural school teachers and administrators, the strengths and needs of rural schools and communities, ways of overcoming barriers to service integration, services offered or not offered in rural areas, location of services, primary target groups, the role of parents and families in planning service delivery, parental acceptance of services, governance, resources, facilities, state mandates, and evaluation data. The responses to the survey were rich in detail and valuable insights were abundant. I used their valuable information to prepare the following summary observations:

- Teachers' and administrators' roles would be enhanced as schools move toward greater involvement in service integration, but how far they will decide to extend their roles will vary. Because teachers will be more involved in referring students to programs, they must familiarize themselves with available services. To guard against unrealistically over-extending themselves, they must find a workable balance between their roles as classroom teachers and as ombudspersons for children, youth, and families.

- Rural schools have evident strengths as well as some weaknesses. Because their smaller size means they often are less bureaucratic, more flexible, and more capable of networking, they can build more readily on their greater knowledge of individual children, youth, and families. In some cases, however, they may need to pool their resources in attempting to overcome problems resulting from geographical and professional isolation.

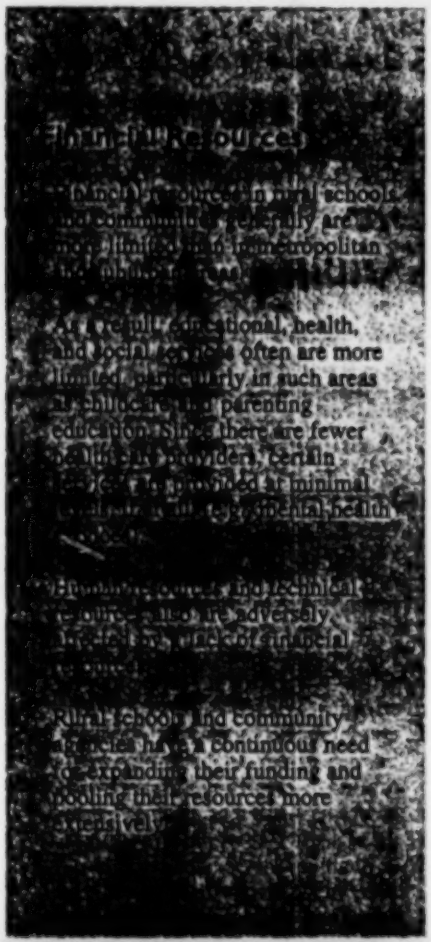
- Many creative ways have been identified to overcome the barriers unique to rural areas, including extensive educational (awareness) programs, varied approaches for transportation (buses, vans, pooling rides), and satellite centers in the community. The town-meeting format has been found to be helpful for identifying and mobilizing local resources and opening lines of communication early enough so that problems can be recognized and addressed.

- Although health and social services are available in rural areas, there are many gaps. Mental health services are not as evident as they might be. Often when services are available, they are not acces-



"Because of their central and highly visible position in the community, rural schools are the logical candidate for assuming a proactive leadership role. Rural schools and communities appear to be willing to move in this direction. The question is: Are they able?"

Service Integration through the Rural Prism

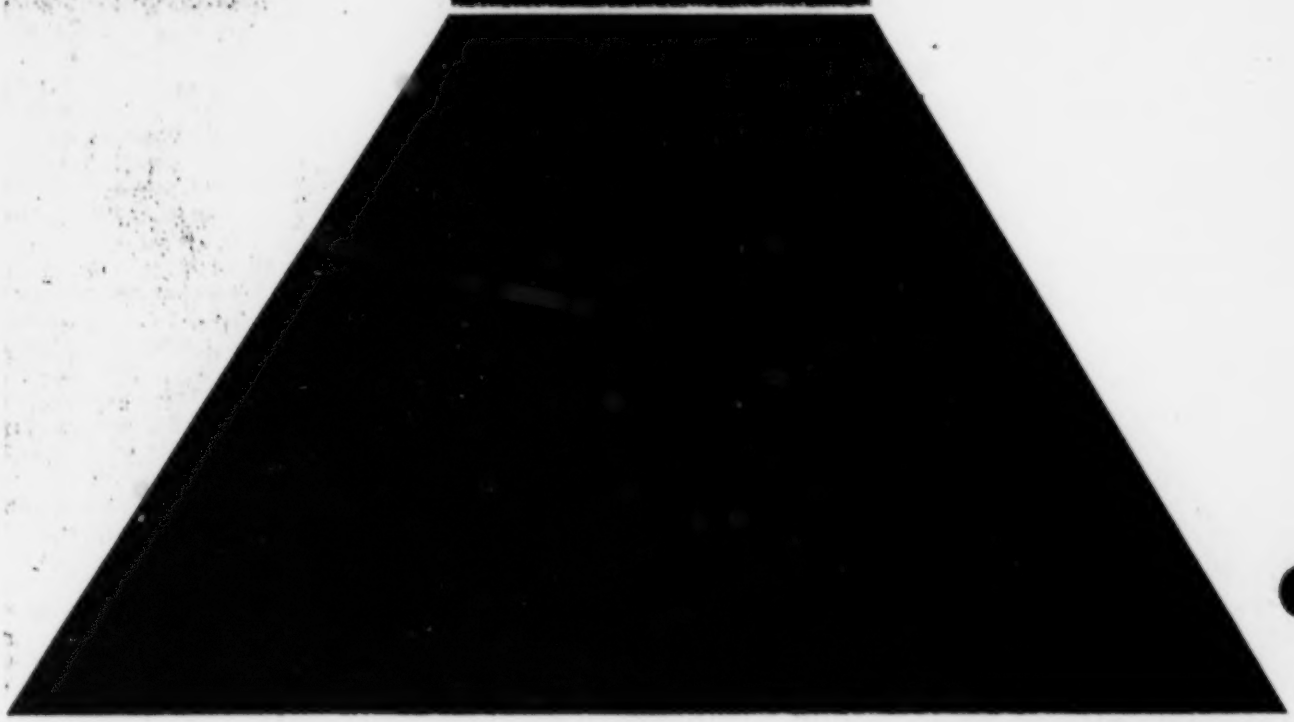


Human Resources

- Both school and community agency staff are often limited in number and available time. Their projected roles are extensive and often they are required to do more with fewer resources and less support.
- There is often a close relationship between the school and the community in rural areas. Since people know each other, trust may be easier to build, and "turf" issues easier to overcome.
- Since rural school and community agency staff often tend to be more cohesive because of their smaller size, a greater propensity exists to collaborate, "to make it work." In order to survive, they have to work together.

Technical Resources

- Accessibility of services and transportation are two of the more serious problems in rural areas. Rural communities also are sometimes lacking in the variety and quality of health and social services.
- Staff development for teachers, administrators, counselors, and other support staff is limited. Cross training of school and community agency staff also is limited.
- Technical assistance generally is underdeveloped and often is needed in further planning, implementing, and assessing service integration efforts.



sible, due to a lack of public transportation.

- Although services increasingly are being provided in or near schools, some services are provided in satellite centers in rural communities.

- The primary target of the services varies but, to a large extent, services focus on at-risk students—those educationally, socially, and economically disadvantaged, the traditionally underserved. Some attempts are being made to include all children, youth, and their families since, as one practitioner noted, "on a given day, any student can be at risk."

- Many rural schools are involved in planning service delivery, as are parents and families to varying degrees. The latter are particularly involved in advisory capacities. The town-meeting approach has proven to be a successful initial planning mechanism, at least in the one community cited.

- Most rural parents are receptive to the services offered, although as one practitioner noted, "I wish they were not so satisfied with the level of services they receive."

- Rural schools are involved in the governance of interagency collaborations, commonly through the involvement of school boards. Other stakeholders play advisory roles. Some service integration efforts are managed by other agencies either directly or by means of contracted services.

- Resources in rural schools and communities are usually available but on a very limited basis.

- Facilities are usually an important concern. Sometimes "the existence of a facility arrangement determines whether the service can be delivered at a rural site." A closely related issue is "getting adequate services to or in the facilities."

- Practitioners' concerns about state mandates vary. Some states (e.g., Florida) support but do not mandate collaboration. Some practitioners indicate that their states have established mandates but do not always accompany them with sufficient resources. What is most important, as one superintendent noted, is the vision, commitment, time, and energy needed to motivate people and organizations to want to collaborate.

- Rural schools are not yet deeply involved in evaluation efforts, although there are some exceptions. By and large, the implementation process appears too new to have produced extensive results.

Rural Resources

Those of us who are concerned about rural education need to consider the implications of service integration in light of the rural context. Undoubtedly, a different lens can be used to analyze service integration in rural schools and communities. The diagram that follows presents a four-fold perspective. Each section deals with one of the dimensions found to be evident in the literature reviewed, the correspondence received, and the survey conducted. This diagram illustrates how I see service integration "through the rural prism."

"Many creative ways have been identified to overcome the barriers unique to rural areas including extensive educational awareness programs, varied approaches for transportation, and satellite centers in the community."

In sum, **financial resources** generally are limited in rural areas. Financial limitations may adversely affect not only educational, health, and social services but also human and technical resources. **Human resources** are stretched thin, since both school and community agency staff are more limited in number and available time. On the other hand, school-community relationships often are closer. Rural schools and community agencies have "to make it work" because smaller size often makes cooperation a matter of survival. **Technical resources,** particularly those relating to accessibility of services and transportation, are of great concern, as is the need for staff development and technical assistance in planning, implementing, and assessing service integration. Lastly, there is the issue of **knowledge resources.** Although rural school personnel often have considerable knowledge of students and their families and of the available community resources (or the lack thereof), and although rural communities may find it easier to establish networking and communication, rural school staff, indeed all school personnel, need to know what has worked elsewhere and what may not have worked as well. In short, although resources in rural schools and communities often are more limited, the educational, health, and social service needs often are as great or greater.

In order to overcome these four resource limitations, creative mechanisms can be developed along with the appropriate team leadership, the necessary matching of facilities to planned services, and—most important—the vision, commitment, and long hours of hard work needed for successful service integration efforts.

Because of their central and highly visible position in the community, rural schools are the logical candidate for assuming a proactive leadership role. Rural schools and communities appear to be willing to move in this direction. The question is: Are they able? Hopefully, the combination of shared resources, vision, commitment, and hard work will make a difference between merely being willing and being able to meet all of the educational, health, and social service needs of rural children, youth, and their families.

Notes

[1] SHERMAN, ARLOC. (1992). *Falling by the Wayside: Children in Rural America.* (Washington, D.C.: Children's Defense Fund.)

[2] SHERMAN, ARLOC. (1992). Children's Defense Fund reports on children in rural America. In *Family Resource Coalition Report.* Volume 11, Number 1, pp. 12-13.

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Rural Schools and Social Services

The involvement of schools, both rural and urban, in the delivery of social services is hardly a new concept. Schools have always offered some services—vision and hearing tests, vaccinations for highly communicable diseases, and counseling for a variety of purposes. What is explored in this research is involvement that moves beyond the children being served by the school. Can rural schools become involved in the provision of social services to a broader clientele in ways that are educationally meaningful to the community? While relatively few examples of integrated programs exist, a number of schools have been exploring linkages.

In Search of a Better Way

Strategies for involving rural schools in the provision of social services make sense for a variety of reasons. Needs for services are growing exponentially. Urban models for service delivery assume populations large enough to support the specialization and, to some extent, duplication across several agencies. Schools can offer access to additional resources—facilities, shared professionals, or faculty/student time. In addition, there seem to be educational reasons for such linkages.

Growing Needs

The need for effective social service programs in rural America is compelling. A cursory study of rural demographics and economics reveals the following changes taking place:

- An aging population—an increasingly larger proportion of older rural Americans.
- Increasing cultural diversity.
- Increasing need for economic diversity.
- Increasing numbers of single parent and blended families.
- Increasing social problems which accompany a changing society—drugs, crime, and health care concerns are three of the major issues confronting rural America.
- Increasing adult education needs and demands related to the skills necessary to function in the Information Age.
- A decrease in rural isolation brought about by communications technology, creating more awareness of national and international issues.
- A widening economic gap between the rural *haves* and the rural *have-nots*.
- An increasing number of rural families and children living at or below the poverty level.

These are but a few of the social issues facing rural America as we approach the 21st Century. The harsh reality is that rural communities must cope with social problems more similar to urban social problems than they are different. The difference lies not so much in the need, as in the mechanisms available to cope with those problems.

For the most part, social service delivery strategies are patterned after models used in urban settings. A wide range of agencies, each staffed by trained professionals, delivers services and helps clients through the bureaucracy. While some would question whether such a system serves anyone well, it is clearly difficult to maintain in sparsely populated regions. In order to be cost effective, the agencies must regionalize, forcing clients to drive long distance to access services. Nearly all agencies complain of the difficulties in recruiting professional staff to rural sites. And in some cases, rural people are reluctant to access the services that are available, believing they can make do or hesitant to become involved with state or federal bureaucracies.

The farm crisis during the mid-1980s offers us a glimpse into strategies that are perhaps better suited to rural environments (Spears, 1987). Faced with an enormous number of families needing assistance ranging from sophisticated legal and financial advice to food stamps to stress counseling, communities found that conventional barriers between service agencies needed to be dissolved. Hotlines or umbrella agencies were created to offer families a single point of contact. Community agencies began meeting weekly in an effort to define needs and pool resources. Active collaboration and linkages between programs became the preferred mode of operation. Mental health programs, for example, found they had better success reaching those in need if they were linked to legal and financial counseling programs—linked with places farm families were most likely to contact first. Moreover, many of the programs found trained volunteers or community leaders far more effective at reaching those in need than the specialized professionals.

While the farm crisis created an extreme environment, in doing so it may have stimulated delivery strategies that better match rural communities. Small communities cannot support dozens of separate agencies, each staffed with trained professionals knowledgeable about a particular specialty. The hotlines or umbrella agencies better reflect the more integrated character of rural community life. Collaboration and linkages among agencies are more efficient. Generalists, not specialists, offer the better points of contact, in part because they see the whole problem and not just one dimension of it. In short, integrated programs that rely upon local people as the first point of contact are often more appropriate and effective in rural settings.

Educational Benefits

Schools offer one strategy for better integrating social services in rural communities. And as illustrated in the examples presented in this chapter, a number of rural schools have begun to explore such a role. Undoubtedly, their activities can strengthen community support of the school and insure that community resources are used more efficiently. But the arguments for rural school involvement in the social services are made even more compelling by suggestions that the linkages may have educational payoffs.

The alarming growth in illiteracy rates and increased drop-out rates have convinced many that it is not possible to treat educational problems separately from the social context in which they have emerged. Sticht and McDonald (1989) argue persuasively that literacy is an acquired skill handed down from one generation to another. Efforts to intervene with just children ignore the enormous role parents and communities play in shaping both the values and language experiences of the child. Similarly, programs for at-risk students are beginning to acknowledge that drop-out rates must be treated from the context of the social and family problems which contribute to them. School involvement in the provision of social services increases the likelihood that more integrated programs can be developed.

Schools currently involved in projects report a number of direct educational outcomes. Programs that bring elderly community members into contact with young people offer enormously rich learning opportunities. Information once passed along through extended families can again be made available to young people. Issues of grief, death and dying, the process of aging, can also be addressed from within the framework of experience. In addition, the experiences and wisdom gained from a lifetime of work can become valuable parts of classroom lessons.

Teachers point to the increased sense of responsibility and independence developed by students who become involved in community service activities. Students learn a great deal about themselves as well as about what it takes for a community to be able to respond to the basic needs of its members. For the most part, adult learning that occurs as a result of these programs has not been documented. But experience with rural school involvement in community development suggests that adults also gain information and knowledge from linkages with schools. Strategies which make sense to the local community also appear to make sense educationally.

Current Strategies

Schools can take on a variety of roles in facilitating the integration of social services in rural communities. At the one extreme, some have proposed that schools become one stop centers for all a community's social services—offering facilities for and perhaps leadership to an integrated social service delivery strategy. At the other extreme are more modest efforts to simply coordinate agencies or introduce programs that link young people to social needs being felt in the community. These modest efforts are the more common.

Research conducted into rural schools west of the Mississippi River identified a number of programs which link schools to the social needs of a community. Efforts to organize these programs into some sort of structure led us to propose four categories: (1) The School as Catalyst and Linking Agent; (2) The School as Facility Provider; (3) The School as Service Provider; and (4) Student Involvement. Each of these strategies is defined and illustrated in the sections that follow.

The School as Catalyst and Linking Agent

By virtue of their position in the community, rural schools can focus considerable attention on community needs. Consequently, they can be extremely effective catalysts or linking agents. Examples include schools convening resource councils, participating in collaborative efforts or creating social programs that are eventually taken over by other agencies. In some cases, children are the direct beneficiary. In others, more general community needs are addressed.

In York, Nebraska and Havre, Montana the local directors of the community education program served as catalysts for bringing social service delivery agencies, civic organizations, and governmental agencies together to form a local resource council. The council identifies local needs and the appropriate resources to meet those needs. The purpose is not to create programs but to serve as a catalyst for linking community needs with available resources.

Child Protection Teams have been established in Moab, Utah and Worland, Wyoming. These teams link the school and other crucial social service agencies with parents in order to more effectively deal with the at-risk student. The result has been a stronger three-way communication link between the school, social service agencies, and parents. The needs of the individual student are more easily identified and responded to than they had been prior to the creation of these teams.

In other examples, the school served as a catalyst for creating social programs. Meals for the elderly was the most common example, but recreational programs (Arts and Crafts Shows, Local Heritage Days) were also mentioned frequently. In an effort to create awareness regarding the need, the school would initiate the program. Once awareness was established, the program was taken over by other social service agencies and/or civic organizations.

The School as Facility Provider

Making school resources available for community use is a second strategy used by many rural schools. School buildings are an obvious resource—offering space and furnishings for a variety of purposes. Other equipment, such as computers or copying equipment, can also be valuable. Community resources are used more efficiently and adults can often be drawn into nonformal learning activities or school projects. In addition, shared facilities often enable schools and social service agencies to collaborate with one another more easily.

Faced with losing the facility which housed the county nurse, county library, food bank, Chamber of Commerce, Lions Club, and a host of other organizations, Bowie, Arizona turned to the school district for help. School enrollments had declined considerably in the last few years, leaving the school district with a vacant building. The school district (with strong community support) turned the building over to the various agencies. Not only were the needs of the organizations and community met, but a stronger, more powerful link has been established between the schools and other community organizations. In addition, the process of establishing proof of liability met with unanticipated benefits. Liability often poses a barrier in joint ventures. Larger organizations (schools, Chambers of Commerce, Lions Clubs) have little trouble meeting liability codes, while smaller organizations (volunteer programs, senior citizen groups, etc.) often find it impossible. In order to overcome the liability barrier, smaller organizations now operate under the umbrella of larger organizations, resulting in a bonding between organizations which have traditionally felt they had little in common.

In Tabiona, Utah the county nurse serves as the primary health care provider for the local population. In an effort to make her accessible to community members, the local school provides facilities for her to conduct blood pressure checks, give immunizations, and do routine patient screening which does not require a licensed physician. This not only provides a much needed medical service for the community, but also offers the opportunity for local citizens to come to the school, strengthening the school-community link.

Like many rural communities, Las Animas, Colorado was in need of a community building to house social service agencies, a senior citizen center, youth activities, and assorted other agencies and activities. The school district, again like many rural school districts, had a vacant building due to declining enrollments. The school district and community agreed to share this building as a Community Building. The school district maintains ownership of the building, leasing space to agencies at a nominal fee to recoup custodial and maintenance expenses.

The School as Service Provider

Many rural schools are involved in preparing food for senior citizens, and in some cases delivering that food (commonly known as Meals on Wheels programs). In Battle Creek, Iowa the school cooks prepare the food, while community volunteers deliver the meals. In Willow Creek, Montana a small group of senior citizens eat lunch at the school, and then deliver lunches to shut-ins. This provides an opportunity for the senior citizens to be in the school and visit with the young people, a pleasure for both age groups. In Brewster, Kansas the senior citizens have a van with which to pick up and deliver the school prepared lunches. In Dietrich, Idaho the students take turns delivering lunch to a shut-in who lives a couple of blocks from the school. Other senior citizens are invited to the school for lunch on a regular basis.

These are but a few of the many Meals on Wheels programs identified. Some of the programs were initiated by school personnel who observed a need; other programs were established at the request of the community. In many rural communities, the school is the only institution with a facility capable of producing the lunches. In addition, it purchases food in large quantities, an absolute necessity if costs are to be kept reasonable and affordable.

Childcare is becoming an increasingly important social issue in rural America, as well as urban America. Rural schools are beginning to respond to this issue in unique and different ways. In Diagonal, Iowa the school adopted an all-day, 5-day a week kindergarten in response to the needs of the working mother. Additionally, the school district implemented a 2-day a week pre-school for 3-5 year olds (530 per week). The program was established not only to assist the working mother with child care, but to provide socialization and educational opportunity for pre-school children in their formative years. In Winchester/Nortonville, Kansas the school district operates a traditional pre-school at the Nortonville Elementary School site. York, Nebraska provides before and after school childcare for school age children. West Concord, Minnesota has started a pre-school in order to prepare students for first grade, and to identify developmental and learning problems prior to entering the regular school classroom.

Food service and childcare are but two, albeit dominant, social service programs rural schools are beginning to investigate and implement. Others include parenting classes, community drug and alcohol awareness, crime prevention, drivers training for the elderly to assist in reducing insurance premiums, and a host of other programs designed to meet specific local social issues.

Student Involvement

Adopt a Grandparent programs provide unique opportunities for students to become involved in intergenerational learning situations, as well as provide companionship for senior citizens. The programs range from informal, loosely structured programs to highly structured programs embedded in the curriculum. In Battle Creek, Iowa second and third grade students (as part of the school curriculum) visit the local nursing home on a regular basis. In Lytton, Iowa the grade school children write to senior citizens in the local nursing home and provide entertainment for the nursing home. The senior citizens, in turn, come to the school to read to the grade school students.

In Pine Hill, New Mexico a foster grandparent program has been established to link the Navajo heritage and traditions to the Ramah Navajo School. The foster grandparents serve as a support group for the school and are used as guest speakers in classes. Evansville High School (Evansville, Minnesota) uses the adopt-a-grandparent in the 9th grade Home Economics classes. Students go to the nursing home at least once a week during the class hour. In Chiloquin, Oregon the National Honor Society sponsors a program in which students visit adopted grandparents on a regular basis. In both programs, long term relationships can develop between student and grandparent, often continuing beyond the school year. Additionally, students are taught about grieving and coping with death, should one of the students lose an adopted grandparent.

Adopt a Grandparent programs are not unique, but they are essential. With the graying of rural America, it is important to have mechanisms in place to link young people and the school with a group that is not only a valuable human resource, but is quickly becoming a dominant force in society—the senior citizen. Such programs not only create a valuable link and resource for the school and children, they fulfill basic needs for the senior citizens, offering them companionship and a sense of purpose.

Other programs also involve students in providing a social service. In Evansville, Minnesota, the students in Home Economics classes receive training in infant care. Following the instructional unit, parents bring infants to the school so that the students can receive practical, first hand experience at childcare. Similar programs exist in other rural schools.

Dexfield Community Schools (Redfield, Iowa) has established Project Victory to meet the needs of the at-risk student. Students are provided before and after school tutoring and assistance with basic study skills. Parents must sign a contract to show their support for the program. The program serves as an effective home-community partnership designed to improve the chance for success of the at-risk student.

The alternative school, once considered an urban adaptation, is now a reality in rural Colorado. Seeing the need to provide an alternative for the at-risk and non-traditional student, the principal of Las Animas High School successfully collaborated with five area rural high schools in developing an alternative high school. Rural students once forced to drop out of school for personal or social reasons now have alternative. A similar project is being explored in rural South Dakota.

Several programs involve students in the political process. Klamath County High School in Chiloquin, Oregon offers students first hand experience with the judicial system. At the request of the local judge, a teen court was established. Students serve as the jury for actual legal proceedings and pass binding judgments on the cases they hear. The local judicial system has some of its load lifted and students explore a wide range of issues regarding acceptable behavior, fair treatment before the law, and societal views toward crime. The Mayor's Youth Council of Cabool, Missouri is a cooperative project between the school and community designed to provide an opportunity for high school students to become involved in the community. Students (approximately 30–35 per year) attend city council meetings, assist with community betterment projects, provide lawn care and snow removal for the elderly, and provide a variety of other services as local need dictates.

In Battle Creek, Iowa, high school seniors over the age of 18 are trained as volunteer ambulance drivers. Although the school doesn't operate the program, they cooperate to the extent that students involved in the project carry beepers to school when they are on call. If the students need to make an ambulance run during the school day, the school facilitates making up work missed. In the same town, a program was established to link high school students with persons in a local group home. The high school students involved in the program (STAR—Students Teaching for Academic Readiness) are volunteers and use their study hall hour and personal time for the project. The project offers high school participants the opportunity to provide a service and assists the group home in meeting social needs.

Clearly, rural schools have found a variety of strategies by which to become involved in responding to community social needs. The vision and the programs which result need not be complex and cumbersome. They can be as simple as linking with local senior citizens through an Adopt A Grandparent program or as complex as creating a regional alternative school to meet the needs of at-risk students. The school can simply make its facilities available for community use at night or decide to adapt its curriculum to build on the learning experiences provided through community service. Social services provide one strategy by which rural schools can be more closely linked with the community, a strategy which benefits the community and leads the school to explore new ways of educating young people.

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SECTION II: ISSUES AFFECTING THE INTEGRATION OF EDUCATION AND SOCIAL SERVICES

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Streamlining Interagency Collaboration for Youth at Risk

To meet the complex needs of today's students, schools and community agencies need a thoughtful approach for pooling their efforts as well as an awareness of the pitfalls to avoid.

GRACE PUNG GUTHRIE AND LARRY F. GUTHRIE

Schools are in a bind. They're often expected to meet the complex social and emotional needs of today's diverse student populations, not just their academic needs. A wide assortment of social service agencies has been organized to serve children and youth at risk; but the services often overlap, agencies are compartmentalized, and children are incorrectly referred (Fantini and Sinclair 1985, Heath and McLaughlin 1989, Hodgkinson 1989, Kirst and McLaughlin 1989, Melaville and Blank 1991, Schorr 1989). As Hodgkinson (1989) points out, the "bewildering array" of agencies has become part of a large, unwieldy bureaucracy where the emphasis is on self-preservation. Because the types of services and eligibility requirements are determined by sets of complex rules and regulations, critical needs go unmet, and those families least able to navigate their way through the maze of requirements are left out.

Now is the time to look at the full range of functions that schools are being asked to perform and identify which of those the school is best suited to handle, which can best be provided by other institutions and agencies, and which can best be accomplished by joint efforts. The challenge is not simply to divide up responsibilities, but to reconceptualize the role of the school and relationships among the school, the community, and the larger society. The new arrangement must be designed so that it shifts the emphasis of each agency away from itself and toward the client: the child.

We hope to stimulate and challenge people on the front line of youth education and services to expand their thinking and devise better and more efficient ways to suit their specific local talents and conditions. Already, the experiences of those struggling to provide better integrated services to youth at risk have convinced us that alternatives are available. Here we summarize emerging principles for interagency collaboration. Next, we outline steps a school or other agency might take toward developing an improvement plan. Finally, we point out four pitfalls that social service and educational administrators should avoid, to save time, energy, and funds.[1]

But, first, let's take a brief look at how some communities across the country are trying to encourage interagency cooperation.

Pilot Efforts at Collaboration

Social service personnel, legislators, and educators are coming to realize that the current set of compartmentalized programs are an affront and an injustice to our children. Nationwide, communities are exploring ways to encourage collaboration among agencies and better integrate services. Pilot collaborative projects like the New Futures Initiatives (Dayton, Little Rock, Pittsburgh, and Savannah), New Beginnings in San Diego, and California's countywide efforts in Ventura and San Bernardino Counties reflect this trend. Interagency networks and conferences have also been organized to showcase pilot programs, encourage the sharing of ideas, and persuade agency representatives to join together. New legislation offers incentives and seed money for collaboration.

As we monitor the progress of the pilot efforts, we must bear in mind that a better working relationship among agencies is a means, not an end in itself. What we need is improved services for children, and that—rather than the degree of effort, the level of cooperation between organizations—is what we need to hold agencies accountable for.

As these pioneer efforts unfold, every community can and must begin to create its own interagency collaboration. Just as all politics are local, so will improved services for children develop in the contexts of particular communities, schools, and service agencies. The strategy that helps collaboration in one community may not apply in the next; and the set of agencies involved, or how they connect with schools, may differ from community to community.

Even without "proven models" of interagency collaboration, however, recent experience can give us direction. Having reviewed the recommendations of a number of proponents of interagency collaboration and talked with a variety of practitioners, we can offer here today's best thinking.

Emerging Criteria for Integrated Services

Collaboration can be approached through

(1) a professional coordinator (or case manager) within a school who might coordinate the services of several agencies and match them with the needs of children; (2) the services of various agencies at the school, selected for easy access and close coordination; or (3) consistent communication and joint projects that allow all educational, mental health, correctional, and other institutions to coordinate with each other. Whatever approach is taken, however, certain basic principles will apply. Interagency collaborations should be comprehensive, preventive, child-centered, and flexible.

Comprehensive. By "comprehensive," we mean that the set of agencies involved should—as a group—provide a wide spectrum of essential services and attempt to meet the most important needs of those most at risk. Rather than concentrate on the single-issue approaches that dominate city and county services now, involved agencies should seek ways to ensure that individual children and families actually receive a coherent program of assistance. Each program needs to take into account the functions of partner agencies and how they fit into an overall matrix. Different approaches to service and the potential for overlap must be considered.

Accomplishing this won't be easy. Long-standing habits and bureaucratic barriers will have to fall. Take the time to learn about other agencies—how they operate and how we can best connect with them. From the individual agency's point of view, there may be no tangible incentive to collaboration; and, in the end, we'll all have to give up some turf.

Preventive. Unfortunately, under the current system, services don't kick in until children are in critical condition. For example, we offer mental health services only for the most emotionally disturbed. Academically, students have to be failing before they are eligible for special help. By then, a student may get so far behind that his or her confidence is shot and ego destroyed.

The challenge is not simply to divide up responsibilities, but to reconceptualize the role of the school and relationships among the school, the community, and the larger society.

A better way would be to create a system that can focus on prevention and accommodate an increasingly diverse group of students—in terms of background, culture, and ways of learning. The system must be able to monitor the progress and development of all children, providing special assistance when needed. In practice, this will probably mean a major overhaul in the regular school program; it may also mean that some person (or group) will need to take primary responsibility for each child: a teacher, social worker, or counselor. Student study teams might be one way to make this work.

We can also begin to shift resources from acute intervention programs into preventive approaches such as prenatal care, health care, day care, and preschool. These might not make a big difference right away; but as the Committee for Economic Development (1985) has pointed out, putting resources into children is an investment, not a cost.

Child-centered. When services are child-centered, the overall needs of the child are given priority over institutional or other concerns. Agencies cooperate to develop the best, most appropriate response; and success is measured by improvement of the child's condition. Single-issue programs slice the child any number of ways without taking a balanced, comprehensive, long-term view of what will really make a difference. When individual programs provide their services in isolation, no one is responsible for checking the overall condition of the child and family. School staffs, Heath and McLaughlin assert, are "notoriously unaware of services available through juvenile justice, social service, or mental health agencies" (1989, p. 309). Even if they suspect a child's school failure is related to problems at home, they don't know where to turn for help.

Kirst and McLaughlin (1989) stress that children's services need to reflect the growing diversity of our child population—diversity not only of ethnicity, language, and culture, but also of needs. Drugs, crime, AIDS, and poverty have become so prevalent that our schools are facing challenges very different from those of 10, or even 5, years ago. Schools must respond with effective assistance.

To move from program-driven to child-centered services, we also need to improve our understanding of children's needs, monitor them over time, and take a broader contextual view of how to help. To do this, we need to come up with improved ways of collecting, maintaining, and sharing data on children. In some agencies, staff don't even know how many kids are receiving what kind of service. Gardner (1989) points out that no city in California really knows how much is being spent on youth services.

Flexible. To get away from the overlapping or conflicting programs we have now, we need to consider alternative ways of applying procedures, assigning staff responsibilities, and designing services—in other words, to build flexibility into services. At present, the services children receive are often predetermined by rigid sets of procedures and regulations. Screening, referral, and the type and length of treatment a child receives are all prescribed from the beginning. If a child is eligible for *x* program, he or she receives *x* service, no matter what; if eligible for *y*,

Collaborating for the Future: *Beyond the Schools* Report

Part I of *Beyond the Schools: How Schools and Communities Must Collaborate to Solve the Problems Facing America's Youth*, a joint report from the National School Boards Association and the American Association of School Administrators, identifies the mounting economic and social problems facing our children and youth—problems that schools alone cannot adequately address. Part II of the 28-page booklet outlines 10 strategies that schools and society, working together, can implement to improve at-risk students' prospects for a successful future and America's chances for remaining "preeminent, economically and politically, in our increasingly interdependent world."

For more information, contact AASA, 1801 N. Moore St., Arlington, VA 22209; 703-875-0730. $2.50 per copy plus shipping and handling; bulk pricing available.

then that service is provided. A religious adherence to guidelines can cause children to get fragmented, overlapping services.

To be effective, children's services need to break out of this mold and allow service providers to respond to the *child*. Children are complex and can't be divided up into pieces—pieces that don't necessarily add up to the whole.

The way kids are identified and treated can have long-lasting effects on the types of services they receive and, in a larger sense, who they become. Once a child is pigeonholed into a category (dropout, drug abuser, pregnant teen), his or her fate within the system is often sealed. Heath and McLaughlin (1989) even recommend involving children in their own diagnosis and treatment as a way of ensuring the best possible services. When we leave decision making entirely up to adults, important opportunities for helping children may be lost.

Staff roles can also be more flexible. Service providers sometimes may need to step outside the particular boundaries of their job descriptions to make sure that what needs doing gets done. For example, Schorr (1989) suggests ways that service can be continued when staff and clients develop close relationships. Agencies, too, must be able to continue or increase responsibilities from time to time.

Finally, we need to look at how services operate. For example, we might allow staffers to step out of agency boundaries to provide services. They can go to community centers, schools, and even homes to ensure that clients receive close attention. Agencies can also arrange, when necessary, for staff to devote more than the usual amount of time to the children and families they serve. Programs can be set up to draw on a variety of resources and other services, instead of maintaining the narrow-focus approach often found today.

How to Develop Collaboration Among Agencies

Next we offer a step-by-step guide toward streamlining interagency collaboration. The five steps outlined are by no means comprehensive or complete; they are meant to be general guideposts.

Step 1: Map the Territory

The first step toward building collaboration is finding out who the potential (and probable) partners might be. Make an inventory of all the social service agencies that currently interact with the school. For each, list overall purpose, services provided, functions served, and the name and number of a contact person.

Next, try to identify other agencies in the community that aren't currently involved with the schools. Check with the city and county governments for leads. Be sure to include private programs. The famous semanticist Korzybski cautioned that we shouldn't mistake the map for the territory; the picture of social services you have now might not accurately reflect what's really there.

As a final step in mapping the territory, you'll need to figure out which people from the local schools and other agencies you can count on to be the main players in a collaboration effort. Who can work with you and assume some of the responsibilities connected with developing the plan and getting it under way? Whom can you rely on to stay with it? Find these people, and get them on board.

Step 2: Survey the Field

The information we've provided in this brief report only scratches the surface of existing models and strategies. Before you start to make up your own plan, you need to find out what others are doing to improve interagency collaboration. A good place to start is with the references listed here. Next, follow up on your own leads. You've probably already heard of a community or school near you that has begun to explore alternatives for coordinating children's services. Contact them to find out what they've done and whether they have any materials to share. If they sound as if they're succeeding, arrange a visit.

If you're the interagency pioneer in your area and aren't aware of any other efforts nearby, try to find a state or regional network that can point you in the right direction. County agencies and the state department of education are potential resources. The main idea in this phase is simply to learn as much about improving interagency collaboration as you can. Do your homework.

Step 3: Review Current Needs and Services

Once you have an idea of who the players are, it's important to assess the current services for students. What are the most critical needs of students? Are they being met? Does the system have

agreed-upon criteria for who's "at risk"? While individual programs may be available for students having a wide variety of needs, the formal identification, diagnosis, and referral system may focus on only a few symptoms.

Estimate the level of coordination among programs and services. Is there any kind of case management system that will enable someone to have an overview of the number and types of services individual students are receiving?

One way to approach the review is to develop a matrix that matches up needs (academic assistance, personal counseling, substance abuse, employment, health) with various service providers. This should help reveal gaps in service and areas of overlap. Potential roadblocks to coordination (such as regulations or budget requirements) might surface as well.

Step 4: Develop a Plan

A project is only as good as the plan it's based on. No matter how urgent the need to collaborate, taking time for careful planning will pay off in the long run. Pull together a core team of people you feel will devote the time and energy necessary to develop a plan and put it into action. Here are some essential elements of a good plan:

•*Agree on a common vision.* Try to capture your team's shared vision of interagency collaboration. Think about how you would like to see children's services provided. How would agencies and their representatives interact? How would children be identified and served? You might start with the principles outlined above. Are these part of your vision? How could services be made comprehensive, preventive, child-centered, and flexible? Bear in mind that other agencies may bring different perspectives and concerns. These should be expressed early in the course of collaboration to avoid problems with communication later on. Try to keep everyone focused on what is best for children.

From exploring the territory, surveying the field, and evaluating needs and services to creating and launching the plan, cautious planning and thoughtful involvement of people are essential for a successful interagency effort.

•*Set goals and expectations.* Your goals and expectations should operationalize the vision. First, conduct a thorough needs assessment for children and youth in the community. Don't just rely on what planning committee members know—look carefully at the data schools and agencies have collected. Then, to complete the picture, interview or survey administrators, teachers, parents, and students. Next, project the

outcomes you can reasonably expect for children, the changes you foresee in how agencies work, and how you'd like interactions among agencies to be. As you work through the planning phase, you will probably want to modify your expectations and refine them. Throughout, the primary focus will likely be on the partner agencies and how they work together to improve the services for children and youth. Keep in mind, however, that each organization will have its own set of needs, priorities, and goals.

Some important goals will reach beyond the agencies involved. For example, the team might want to explore ways to tap outside resources, both public and private. In this case, someone will need to assume the task of monitoring new legislation. Exerting influence on policymakers for future funding might be another goal. For this, you might want to share lessons learned from the collaborative process.

•*Design a comprehensive set of services.* A critical part of the plan will be coming up with the right set of services to meet your needs. Many of these will already be in place; some may need to be enhanced or upgraded; others will have to created from scratch. Pull out the matrix developed in Step 3; then, using the other background information you've gathered, begin to design a set of services that is not only comprehensive, but preventive, flexible, and child-centered.

•*Define the roles for each agency.* A fourth element of planning is to clarify the role that each agency and its representatives will play in the collaborative process. This applies not only to the planning and development stage, but also to the actual integration of services. In planning, try to share assignments fairly; don't let one person shoulder all the responsibility. Build a spirit of collaboration.

Institutional philosophies, imperatives, and expectations must be clearly laid out and communicated, because each agency operates under certain constraints that will affect its participation in the collaborative. Mental health service agencies, for example, are restricted by law from disclosing information about their clients, even though information about parents of at-risk youth may very well be crucial for other agencies as they develop a program for the child. Keep in mind that the heavy caseloads of some agencies may force them to focus only on the most serious cases (Zellman 1990).

What we need is improved services for children, and that—rather than the degree of effort or the level of cooperation between organizations—is what we need to hold agencies accountable for.

•*Chart the action steps.* Formulate steps that the planning committee or task force will follow in order to improve interagency collaboration. It's a good idea to develop a flowchart or timeline that shows what will be done, who will do it, and when it's expected. Make sure the flowchart is jointly developed and agreed upon by all involved agencies. Later, the chart can serve as a guide and a check to make sure each agency is holding up its end and events are on schedule. You might want to include how you will ensure information-sharing and day-to-day communication.

•*Plan an evaluation.* In these times of belt-tightening budgets, accountability takes on added importance. Unfortunately, many people don't think of evaluating their program until after it is well under way and it's too late to gather the necessary data. A good evaluation requires careful planning, and a place to start is the *Evaluator's Handbook* (Herman et al. 1987). Whether you conduct the evaluation yourself or get outside assistance, make sure you're asking both summative (outcome) and formative (project improvement) questions. To get useful answers, you'll need to go beyond the traditional bean-counting of numbers of children served or contact hours. How effective was the collaborative? Is communication improved? Have some of the bureaucratic barriers fallen? Are services for children more effective and timely? How can interagency collaboration be improved? What can increase efficiency and effectiveness? Decide beforehand which data you're going to need to answer your outcomes questions; it'll be much harder to collect it after the fact.

Step 5: Get Started

The main rule for getting started is to start small. Don't expect to have everyone involved in joint projects right away. You are dealing with entrenched habits and practices, so begin with clearly manageable tasks. Schedule monthly or biweekly meetings. Covering the first two phases (map the territory and survey the field) should help the agencies involved learn about each other and establish ties. As you reach the planning phase, think in terms of pilot projects, rather than massive change efforts. You might want to begin with a targeted staff development project designed to build consensus and open up new roles and responsibilities for people.

Pitfalls and Danger Signs

As you embark on an interagency effort, there are at least four pitfalls you should look out for. While they may seem obvious, they have been the undoing of many well-intentioned groups.

NATO (No Action, Talk Only). Interagency collaboration meetings can easily collapse into gripe sessions with little actual follow-up or resolution to client's

needs and problems. We call this "NATO." Without the likelihood of tangible results, NATO can be demoralizing to all involved. Social service personnel have busy schedules and are often overcommitted. They cannot afford to take time out that's not well spent: unless participants see some potential payoff from the beginning, they'll soon drop out.

Creating an interagency czar or a superagency. Another pitfall to avoid is the establishment of yet a new layer of bureaucracy. As Gardner (1989) has pointed out, many cities, districts, counties, and states have learned very quickly to "play the coordination game". They pay lip service to the new social concern and appear to be coordinating without actually helping kids. Kirst and McLaughlin (1989) also argue against additional bureaucracy. In these days of an astronomical budget deficit and dwindling state, county, and local funds, money is best spent on direct, front-line services.

Information doesn't equal Knowledge doesn't equal Action. In today's world of advanced information technology, we are all too often information-rich but knowledge-poor. Information does not automatically become knowledge. Emotional readiness and active mental work are required before facts and data can be absorbed, digested, and turned into personal knowledge. As you gather information about other agencies and what they do, keep in mind that this inventory is only a beginning.

A number of organizations have sponsored successful conferences, pulling together parents, teachers, administrators, and public and private community agency personnel to exchange information about their various concerns, needs, and services. Unfortunately, the sponsoring agency often considers its mission accomplished when the participants head home; plans begin for the next annual conference. We need to take the time, collaboratively, to figure out what we've learned.

Action, or follow-up, is the third part of the equation. The distance between knowledge and action is great; even when we have the necessary knowledge to accomplish a task, it takes still more hard work and motivational force to act effectively on what we know.

An excess of jargon. If you've ever attended a meeting where different agencies were represented, you may have encountered a parade of acronyms, such as DPSS, CWA, WIG, SARB, SART, SAR, LEP, NEP, or professional jargon such as Chapter 1 or Chapter 2 programs, 601 or 602 schools.

To avoid this *jargon-naut,* we must take care to speak plainly and clearly, in the spirit of true collaboration, without taking refuge in the opaque security of our own bureaucratese. However familiar our own acronyms may be to us, they're probably meaningless to those from other agencies.

Collaborative Efforts for Lasting Success

As educators, we know that schools can no longer afford to go it alone. The same is true for social service agencies. Collaborative efforts between schools and other community sectors require careful attention to the proper conditions for safeguarding and bettering the child's education and welfare and to the relationships between school and nonschool personnel. Instant collaboration may bring instant gratification, but it is not likely to bring lasting success. Instead, careful planning, combined with thoughtful involvement of people and places, is essential for the kind of school-community collaboration that leads to improved well-being for all children and youth at risk. □

[1]The Students At Risk Program at Far West Laboratory is gathering information on promising approaches to interagency collaboration. Future work will include documentation of these experiments, dissemination, and technical assistance to schools, districts, and states.

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Authors' note: Preparation of this article was supported by funds from the Office of Educational Research and Improvement, contract number 400-86-0009. The opinions expressed are those of the authors and do not necessarily reflect the views of the Department of Education.

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Funding Initiatives for School-Linked Family Services

Frank Farrow
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In today's climate of school and health-care reform, we are facing a window of opportunity for planning and implementing school-linked family services. Deciding how to finance these services is an essential part of any reform strategy. Hard realities — and new options — face providers of family services.

The topic of financing is not one that most of us like to discuss. When school officials and human service officials in most communities sit down to talk about more effective or collaborative systems, they put the topic of financing last on the agenda. Typically there are four or five meetings in which everybody generates a terrific head of steam around the new program possibilities. There is momentum around a new commitment to work together. And then somebody raises the sobering question: "Well, how are we going to pay for this?" Somebody like me arrives at the sixth meeting where financing is finally on the agenda. And this meeting is always scheduled after lunch, when people are at their absolute peak of attention and alertness and truly want to deal with charts and graphs and numbers. Then you give the audience a really inspiring message: "Well, there is no magic bullet," or "There are no easy answers," or "Well, if we really all work at it and pool our funds and chisel a little here and a little there, we can in fact finance these services." This set-up, of course, leads to less than the most enthusiastic response.

But now I am revising my message. It is still true that there is no definitive answer yet as to how to finance these services. But we are involved in many initiatives by states and local communities to explore the options that do exist. Many of these efforts are experimental, but they point in some encouraging directions that give us grounds for optimism about future funding solutions.

One thing is clear already: financing these services is going to take the same level of creativity and the same willingness to take risks and to do things differently that are required when people put together these services to improve outcomes for children and families. Educators take risks when they build new types of schools; human service providers take risks as they come together with schools to build new systems. In the same way, the types of financing opportunities I am discussing here involve risk. It is a planned, calculated risk, but a risk nonetheless.

In the long run, if we are going to create a funding base that allows us to make these more effective supports available for all the children and families who need them, it will not be enough to change individual programs. We will need to radically restructure and redirect entire funding streams. The systems-change agenda in the financing world is as significant and important as it is in our program and institutional work. To get to that point, we are going to need both short- and long-range strategies. Here, I focus primarily on short-term strategies, with a brief look at some longer range steps. These funding strategies are the fiscal equivalents of the more unified, more comprehensive, more family-centered program strategies. I will look at three aspects of funding today.

First, I would like to review some of the basic problems with human service funding as it operates today. When I work with people to put together these collaborative services, I often hear local school officials complain, or at least ask, "Why can't the social service agency that has all that staff just locate some of those people over here in my school or at least send me the dollars so I could get some supports for families

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and children?" There are good reasons why that is not as easy as it seems, and we all need to start with the same information base.

Second, I discuss strategies local communities are using to make use of the funds already in their budgets or that they could obtain from the federal government — we call these refinancing and reinvestment strategies. These strategies represent real opportunities for progressive financing, particularly through Medicaid.

Third, I touch briefly on some of the directions in which these strategies lead us — some of the future steps that I think we are going to see in terms of collaborative funding that go far beyond what we have right now.

Current Human Service Funding

Reduced Budgets

The big problem, of course, in the human service arena — just as in education — is that funding is very short. Recently, I was at a meeting where the human service people and the education people were arguing over who was taking the bigger cut. And I thought, we still have far to go before collaboration becomes fully implemented here. But at least people were communicating. The point is not whose budget is being cut more. The point is that everybody is being stripped down to basics. Social service agencies almost uniformly are absorbing 10 or 15 percent cuts or higher. Mental health services for children have been virtually eliminated in some states. Public health services are being cut. It is infuriating and frightening, but it is reality. Everybody is facing reduced budgets.

In human services, however, budget shortfalls are only part of the problem. The bigger issue — the longer term, chronic issue in some ways — is that the very structure of the funding sources works against the kind of comprehensive, flexible, community-based services that we all want to see implemented. This structure can be described as the three C's — categorical, crisis oriented, and centrally funded.

Categorical Funding

The categorical nature of human service funding makes it very difficult to use these funding sources to meet a family's or child's needs comprehensively. Funding is usually directed toward very narrow, specialized purposes. Too often, staff must decide what services and supports to offer based on what individual pots of money will pay for, rather than by what the family really needs. In the human service arena, this is one of the main problems people are trying to change. "Decategorization" experiments are being tried in a very limited fashion, where people are taking some of the strings off these separate pots of money to get a pool of decategorized funds that can cover a range of needs.

Crisis Orientation

Crisis orientation means that it is very difficult to serve a child or a family before that child is in deep trouble or before the family is actively falling apart. Principals and teachers state that they can gain the attention of the social services or child protective services agency if they suspect a child has already been abused. But it is very hard to get a social worker or a case worker to come out and deal with a family problem before the family is a wreck. The social service world has been stripped back so badly that now people are just meeting basic mandates; and those mandates tend to be crisis driven. They are a safety net — and barely that. Even though there is a lot of rhetoric about approaches in preventive funding, there is not much flexibility for moving funds from the crisis services to earlier interventions. In child welfare agencies, for example, funds are literally locked up. In the child welfare system where I worked in foster care and in protective services investigations, administrators had trouble moving funds to earlier supports even if technically they were allowed to do so.

Centralized Decision Making

Finally, decisions about how these funds are used are very centralized, rather than being made at the front line, where we most need discretion in use of funds. When a social worker or a teacher or a helper of some sort is interacting with the family, he or she rarely has the flexibility to make a funding decision. The decisions about how the dollars are spent are made very far up the line. Of course, we could apply some of the same critiques and the same characterizations to education funding. The result of this centralization is that billions of dollars are being spent in human services, but only a small proportion is the kind of comprehensive, flexible, family-centered services that many educators and other service providers are trying to institute (see chapters by Schorr and Carter in this report).

The challenge becomes: How do we reverse those patterns? How do we "jump start" a new system of community services — a new orientation in community-based services — using the dollars that are already available? How do we build a more family-friendly system of services? First we design the system we need, then we can begin thinking about redirecting dollars.

A Funding Framework

There are many different examples of funding initiatives. I present a framework to describe more generically the types of funding arrangements being pursued in local communities. The primary goal of all these strategies is to invest in improved outcomes for children. That may require offering new services, or restoring services that have been cut. (see Figure 1)

Start-Up Funding

In almost all important education and community service initiatives, a very limited core amount of new funding is necessary to get programs started. For example, the State of Kentucky appropriated general funds to start its Family Resource and Youth Service Centers. State and foundation funds provided start-up funding for California's Healthy Start Initiative. And in Georgia, the Woodruff Foundation is investing in community-based family services programs.

But beyond "priming the pump," many communities hope that two other strategies, redeployment and a combination of refinancing and reinvestment, will begin to put more money into the programs than we can afford right now — or more than some people *think* we can afford.

Redeployment

Redeployment is redirecting funds or staff that had previously been devoted to one purpose to a new purpose (see Figure 1). The concept is straightforward; states or other entities analyze current spending and ask whether they can make more effective use of those dollars. Redeployment means redirecting money used to pay for expensive, out-of-home care after a crisis has occurred, and using it to pay for preventive

Figure 1

A Combined Program and Fiscal Strategy

Source of Funds	Use of Funds
Redeployment Strategies • Out of State to In-State Care • Out of Home Care to Family Preservation • Out of Home Care to Reunification	**School-Linked Community Services** • Family Support Network • Screening, Outreach, Case Management • Parent Support and Education • Home Visiting • Health Services • Mental Health Services • Recreation Services • Child Care • Employment Services
Refinancing Strategies *Medicaid* • Education • Child Welfare • Juvenile Justice • Public Health • Mental Health • Service Claims –EPSDT –Case Management –Rehab. Option • Admin. Claims *Title IV-E* • Child Welfare • Juvenile Justice • Mental Health • Eligibility • Admin. Costs • Training *Title IV-A (Emergency Assistance)* • Child Welfare • Juvenile Justice • Mental Health • Family Pres. Services • 180 Days Foster Care • Protective Services' Eligibility *Other Possibilities* • JOBS Program (IV-F) • Child Support (IV-D) • Donations/Grants/Fees/Loans, etc.	**Prevention of Out of Home Care: Family Preservation Services (FPS)** • Statewide Full Access • Cross Systems Gatekeeping Role **Continuum of Care** • Day Treatment • Family Foster Care and Support Services • Therapeutic Foster Care and Support Services • Group Care and Support Services • Adoption and Post Adoption Services • Reunification Services **Training** • Cross-Agency Training at the Local Level • Ongoing Training Capacity (Statewide) **Governance** • Costs of Local Collaboratives • State and County Children's Cabinet **"Off the Top Costs"** • Agency Staff (eligibility and administrative costs) • Systems Development • Technical Assistance • Reinvestment Tracking

services that can keep a child with his or her family. This emphasis on prevention may mean using staff more creatively or developing collaborations with school and human service personnel. Redeployment is now happening, but on a small scale. For example, San Diego's New Beginnings program brings clinics and social services to the schools in order to readily identify and serve at-risk children before their problems become too severe.

In such redeployment strategies, several agencies in the community free up staff positions or donate staff to the new program. These staff become generalists whose scope encompasses the needs of the entire family rather than specialists focusing on one person or one aspect of the situation. For example, in several small, rural districts in New Mexico, staff from the Department of Social Services are spending time actually in the schools, and they are doing more than just investigations. These human service personnel are beginning to make counseling, casework, and support services available to families. People in the local districts view these services as very important both for the benefits they bring to recipients and because they signal a new spirit of cooperation in all of the partners.

Though these rural programs operate on a small scale, some larger redeployment strategies are being considered. According to Richard Mills, Vermont's Commissioner of Education, his staff are beginning to study how the school nurse work force is deployed around the state, and whether they can use this resource more effectively. The current design reflects a set of earlier problems, challenges and constraints that are now somewhat outmoded. Vermont education agency staff are wondering whether staff and funds for the school nurse program would be more effectively used if they began redefining the role of school nurses so that they could deliver and obtain reimbursement for Medicaid services and participate in a more collaborative service model. Vermont's redeployment efforts will have institutional force — they will affect how whole systems look at their workforce in terms of retraining or retooling them in order to redirect their efforts.

Redeployment strategies can involve large dollar amounts as well. In many states, human service agencies are moving funds that formerly were dedicated to out-of-home care into community services, often called family preservation services (FPS). In Maryland, Nancy Grasmick, Superintendent of Schools and Special Secretary for Children, Youth and Families, has spearheaded a campaign to shift large amounts of funds into FPS. Maryland human service and educational agencies have pooled the money from the child welfare, juvenile justice, mental health, and education budgets into a consolidated budget for out-of-home care. These pooled funds now provide services for those same children in their homes, in communities, and in schools. And after starting the first year with less than a million dollars, Maryland has now shifted $10-12 million from the out-of-home care budget into a community care budget. The legislature was so impressed by this program that they gave the agencies permission to move as much of the roughly $190 million that are spent for out-of-home care in Maryland into community services as fast as the communities could absorb the new services. To ensure that the money will be spent effectively, funds are released only when there is a local collaborative plan directing the provision of services. The plan has to involve all parties — education, social services, child welfare, mental health, juvenile justice, and parents. Maryland's program is one of the largest of the redeployment efforts but there is no reason other states cannot experience similar processes.

Refinancing and Reinvesting

Refinancing and reinvesting are two strategies combined into one. Refinancing is using state and local dollars to draw down or to match or seek reimbursement from other funding sources, usually federal entitlement programs, which then replace state and local expenditures. Refinancing thus frees state and local funds for other purposes. Reinvesting is using this newly-freed money for progressive reform of social services, rather than for ineffective services or for entirely different budget items.

An example using small numbers may illustrate the point. Let us say a school is now spending $200 of education funds for a service, all of which is eligible for reimbursement under Medicaid. Assume that the state matching rate is 50 percent — that is, under Medicaid in this state, the state pays 50 percent of the cost and the federal government pays 50 percent of the cost. Then the federal government will reimburse the state for half of the cost of the service, or $100. The net effect is that the school has freed up $100 that can then be used for another purpose — for *any* other purpose. The question then becomes: What is that other purpose? And that is where the reinvestment part of the strategy becomes crucial.

Some states have literally brought in millions of new dollars into human services through refinancing. For example, Gary Stangler's leadership in Missouri has brought in over $25 million through the use of Medicaid and other funding sources.

But the point is, what are the new funds used for? Experience has shown us that, if refinancing and reinvestment are not considered as absolutely inseparable — if you do not get the commitment to reinvest

the funds up front — the money will be lost to the purposes we are talking about here, which is a new, improved investment in children and families. There is no maintenance-of-effort clause in this kind of financing, which frees up state dollars that are as good as general funds. In many states, these funds have paid for roads or other unrelated items. The fiscal offices will use these funds to reduce deficits. While these may be worthy expenditures in their own right, nothing is more important than our children's future, and the amounts are usually not enough to balance the state budget. Given that we have an opportunity to use these funds for some truly revolutionary reforms that will reduce public expenditures in the future, we should use them to get a jump start on these new systems.

Channeling these dollars away from human service reform has another disadvantage. If these new dollars just go into the general fund, then front-line people (like administrators) lose their incentive to bring in the new dollars. Their work goes unrewarded, and their programs receive no net gain. All they have done is enhance the general coffers of the state — which is a legitimate policy goal — but they have not gotten a jump start for a new community service system.

Some people may ask: "If everybody took advantage of this option, then are we just moving the funds from one source to another?" and "If every school district took advantage of this where would we be?" and "Would Medicaid try to exclude those services from reimbursement?"

The encouraging answer to these questions is that the people who built these options into Medicaid knew full well what they were doing. Congress and the advocates who lobbied for these provisions intended that the money should be used for these services. This is unlike some other refinancing battles regarding other parts of the Social Security Act in which Congress is claiming that they never intended for the law to be used to finance the disputed services. We may be stretching the application of the law a little further than anybody realized we could go, but Congress clearly intended to reimburse these types of services. I do not think these options will be shut down. We will see growth in Medicaid expenditures for children, but I think that is desirable and will be cost-effective in the long run (see the later section in this chapter, "Medicaid Funding Opportunities").

Up-Front Commitment

In order to ensure that funds gained through refinancing will not be diverted, the governor and the state legislature must make the commitment to reinvest these funds into community service systems. So many states gain and lose these dollars that I think it makes almost no sense to go forward with refinancing if you have not secured this commitment up front. New Mexico is an interesting example of this process. Governor King has asked state agencies to look seriously at refinancing opportunities. This strategy is being pursued across systems, so that all the agencies are examining the possibilities together. The Governor has made a public commitment, in writing, to reinvest that money in improved services for children and families. Of course, the legislature can toy with that commitment — and other state budget crises can come up. But at least the premise in that state is that these dollars go back into the system.

It often helps to have an outside force that says you must keep the money in the system. For example, the Pew Charitable Trusts often requires states to match the grant monies that they give for children and family services. States can use refinancing in order to dedicate enough money to qualify for the match. But unless the state shows its own commitment to reform by ensuring that refinanced funds stay in the system, Pew may be reluctant to contribute its own funds for reform.

Medicaid Funding Opportunities

Medicaid is the largest potential source of refinancing funds for schools and collaborative family service systems. Using Medicaid to pay for services delivered in schools is not new. Connecticut used Medicaid to pay for special education services almost 10 years ago, and since then, a number of other states and school districts have followed their example. But today there is even more reason to pursue Medicaid funding, to which I now turn (see Figures 2 and 3).

Changes in EPSDT. Changes in some key provisions of Medicaid have made a much wider range of services available for reimbursement, particularly in the early and periodic screening, diagnosis, and treatment program (EPSDT). These provisions broaden the range of services that states can offer without the risk of opening them up to all adults in the state as well. Under EPSDT, states can expand the concept of medically necessary care for a child to encompass services that promote the child's general health rather than

Figure 2

Medicaid Potential for Children's Services

Service Areas
- Primary Health Care
- Schools:
  - -IEP Related Services
  - -School Health and Related Services
- Child Welfare/Juvenile Justice
  - -Family Preservation and Related Services
  - -Out of Home Care
- Public Health
- Mental Health
- MR/DD
- Other

Authorization and Control Options
- Medicaid Options:
  - -EPSDT
  - -Rehabilitation
  - -Model Waiver
  - -1915(a)
  - -Targeted Case Management
- Authorization Through:
  - -EPSDT Screen
  - -Licensed Practitioner (Rehab)
  - -Other
- Rate Setting:
  - -Time Billing vs. Monthly Rate
  - -Flat Rate vs. Full Cost
- Managed Care
  - -HMO
  - -Primary Care Physician
- Administration
  - -TCM Administration
  - -EPSDT Administration

Method of Claiming
- Direct Charge: (50% to 80% FFP)
  - -Eligible Child
  - -Eligible Service
  - -Plan of Service
  - -Record of Service
- Cost Allocation: (50% FFP)
  - -Health-Related Services Administration
- Billing:
  - -Direct to Medicaid Agency Through Other State Agency-Certification of Match to Medicaid Agency

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limiting them to those that treat a medical condition. As a result, states can gain reimbursement for a variety of services, including health education, mental health, preventive outreach, and contact with families and children. These services go far beyond what we traditionally consider as reimbursable — medical services delivered in clinical settings by physicians. Medicaid also allows reimbursement of some administrative costs under EPSDT.

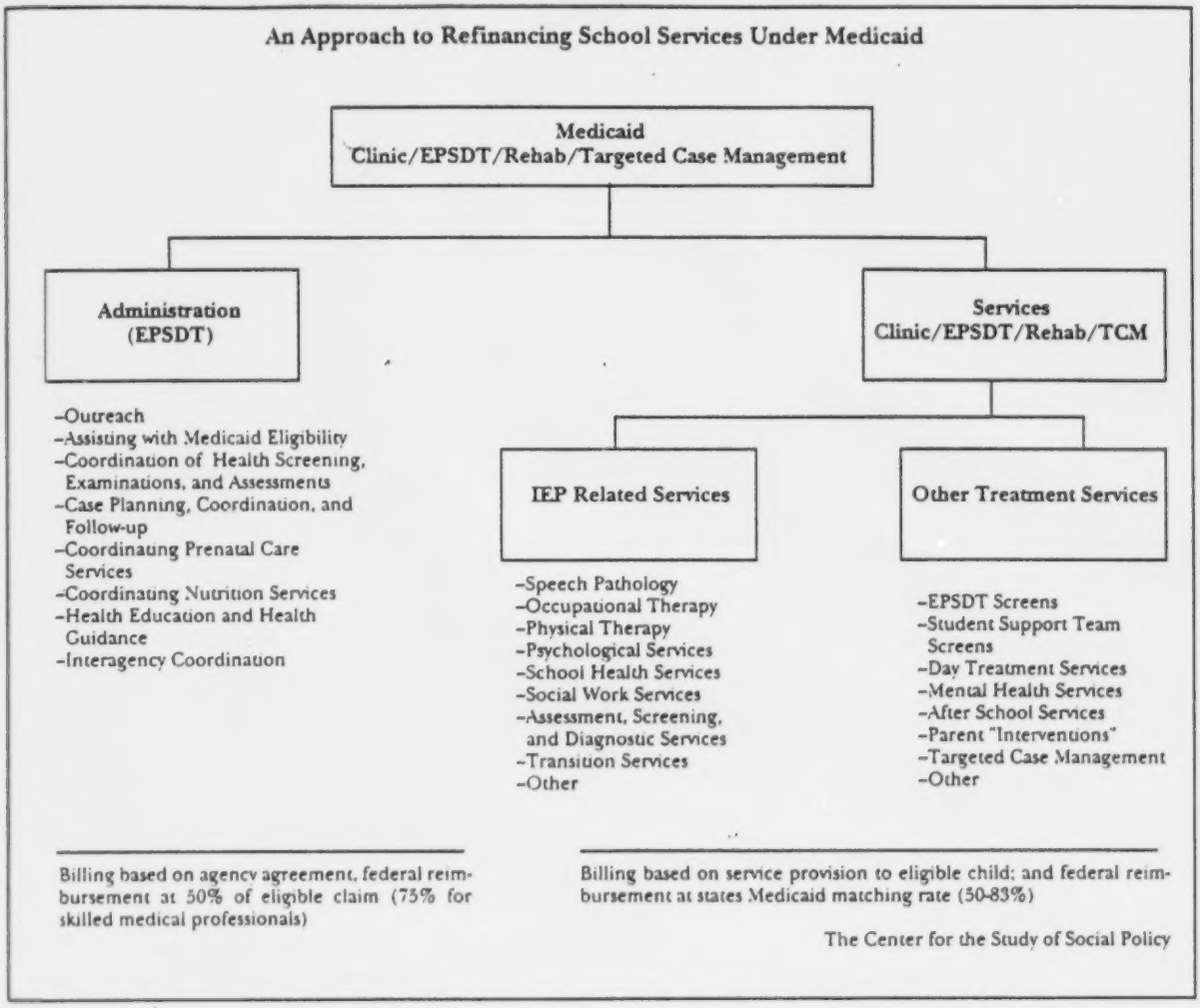
Targeted Case Management. A second provision, Targeted Case Management, makes it much easier for schools or anyone else to provide case management services to specific groups of Medicaid-eligible children and families. The nature of this service, which emphasizes coordination of care, makes it especially valuable for family service programs. This provision also allows states to focus services on specific target groups and specific geographic parts of the state, without having to offer them statewide. Targeted case management thus becomes a more controllable fiscal strategy than other Medicaid provisions.

Rehabilitation Services. A third provision, the rehabilitation service option, has exited as a state option for some time, but people are discovering new uses for it. Under this option, states can claim reimbursement for an array of services beyond traditional medical care. States can claim social, educational or health related services that are necessary to restore a child (or adult) to a certain level of functioning. The rehabilitation option can also be used for services in what are called "collateral contexts" — when a provider visits a family, a teacher, or another agency. Again, these are not what we think of as traditional medical services, but people in schools provide these every day, and they are all potentially billable under Medicaid (see Figure 2).

Changes in Fee-For Service Structures. A fourth major change in the way schools are thinking of using Medicaid is in how they document and bill for these services. Under the traditional Medicaid service options, to gain reimbursement for a service, agencies would have to document each staff person's time in terms of the units of service, whether an hour or a day or a 15-minute interval. Under this new system, agencies can simply bill based on periodic time studies that document how people are spending their time. Even periodic time studies, however, are an administrative burden for a school that has never done them. But they can learn from the experiences of the human service world, where these studies have been used for years. These studies are not simple, but they are much less burdensome than fee-for-service billing, particularly for small schools where erecting a whole fee-for-service billing system would be difficult.

Matching Funds. A fifth change, not in Medicaid but in states' use of the program, is that we are realizing the dollars that can be used to gain Medicaid matching funds are being spent by states and schools already. Most of the strategies that are now being pursued aim explicitly to use dollars already being invested, not to expand the state share of Medicaid. States do this by redefining the ways in which funds are spent in order that more of them will qualify for Medicaid, rather than investing new funds.

Figure 3



In the past, many of these ideas have been only potential opportunities because of the difficulty of pursuing them. But some areas have actually used these strategies to improve their financing of human services. Nobody puts it all together yet, but many districts (e.g., in Georgia and Minnesota) are trying to document their processes in forms that can be shared with other states and communities (see Figure 2).

The main reason states are willing to put so much time and effort into using the Medicaid program is because the dollar amounts are so significant. Even in small states, our preliminary estimates show that $8-10 million can be gained with these strategies. In mid-size or larger states, the dollar amounts are considerably greater. And these are conservative estimates. There is no point in stretching reimbursement to the point at which the agency risks a federal audit. And in many cases, schools will not pursue all of these options because they are too administratively difficult. But even given these considerations, schools could gain a great deal of money.

Problems and Pitfalls of Medicaid Funding. Even though the potential rewards are significant, the picture is not all rosy. These strategies are not easy, and many educators have had unpleasant experiences with Medicaid. There are some dangers in pursuing Medicaid funding, and some difficulties. In this section, I examine some of these problems and give you some sense of the lessons that have been learned.

Political Barriers. Interagency politics at the state level can be very fierce. Medicaid agencies traditionally guard their budgets with a zealousness that is understandable only when you realize that they are often blamed and hauled before the legislature for being the cause of state deficits. They are very con

cerned, and rightly so, that the kind of refinancing I have discussed does not expand the overall state exposure on Medicaid. And unless you understand that issue, sympathize with it and have the technical ability to say, "Here is why that will not happen," these conversations will stall at that point before you even begin the budget and reinvestment battles with the legislature and the governor's office.

Federal Policies and Regulations. The federal politics have to be handled carefully as well. Many federal regional offices are now approving state plans that are very clear about the intention to provide school-based service packages. So it is not that people are unwilling to support these kind of strategies, but a smooth approval process takes a lot of close work with federal regional offices. All regional offices allow slightly different things and you need to know how yours operates and be willing to work with them.

One of the criticisms that I have often heard is, "Isn't this just shifting the cost from state budgets to the federal budgets?" To some extent that is true. But when you look at the dollars in Medicaid, children's services are not causing the huge escalation of the Medicaid budget. Children's services comprise 20 percent or less of Medicaid expenditures. The costs that are driving Medicaid through the roof are not children's services. If anything, there is a great underutilization of Medicaid for this population. It is the out-of-control, longer term care costs and hospital costs that are causing the escalation. So I do not think we need to be at all apologetic about making better use of Medicaid here.

Initial Costs. Medicaid funding strategies do require some up-front investment and intensive staffing. Training is important: collaboration flows much better when the parties coming to the table have equal knowledge. And it is hard for education agencies to get very far in the conversations about Medicaid if their staff do not really understand the technicalities. If you are serious about using Medicaid funding strategies, some of your staff will need to devote a lot of time to understanding and pursuing these strategies. Many states have engaged private, for-profit consultants to provide training and guidance. Some of their work is terrific. But it should not substitute for building the technical and strategic capacity in your own agencies. Use consultants for some up-front technical work, but enable local staff to enlarge their capacity as it is needed. When we first pursued refinancing Maryland's human services, using Title IV-E and IV-A of the Social Security Act, we spent what we thought was a horrendous amount on consultation — about $200,000 in the first year. You can imagine what we had to go through to get that contract approved. But the millions and millions of dollars that resulted from it soon stifled the kind of arguments we got from the budget bureau.

Medical Model Versus New Options. Another problem has to do with attitudes about Medicaid as a medical model. The use of Medicaid still carries the danger of the medical model dominating the type of care that is provided. This is the biggest single pitfall — that Medicaid is still primarily a health-care reimbursement program. What offsets this and makes it worth all the trouble is that with the new range of options, you can minimize the "medical model" effect. But that does not mean it goes away. The most important way to minimize this risk is to focus on the program first. You need to have the financing option driven by a clear vision of what you want programmatically, and then fit the financing to it. Some of the early states to use Medicaid strategies leapt for some attractive fiscal options and then found that they had some unintended consequences in terms of the shape of their programs.

Administrative Burden. Finally, using Medicaid funding strategies inevitably increases schools' administrative burden. You will have to assess how much that burden is worth. Many districts, such as those in New Mexico, began to contemplate the new Medicaid options and reimbursement strategies, and soon realized that they were looking at an incredibly large morass of paperwork. Many small districts are incapable of handling this work as an additional task, even if there are some dollars that would be available. States must develop their own methods of juggling the rewards with the responsibilities.

Part of the answer is that small districts can make the best use of programs like the EPSDT option, where claims can be submitted using time studies and other alternatives to the fee-for-service method. These more efficient methods should not be an undue burden, even on very small districts. Large districts could use the administrative documentation for claiming a lot of the activity that goes on in school, but should also do fee-for-service Medicaid billing when economics of scale make that method efficient.

There are some ways to make billing less onerous. For example, you can use as your billing agent health departments or mental health agencies which already have billing structures in place for Medicaid. Small districts may want to have a separate staff person to do family-based work. But instead of the school having that person, it could arrange for another agency that already uses Medicaid to hire and bill for him or her as long as the school kept the supervisory functions. These are just a few of the variety of arrangements that can be made.

Some current planners propose to reduce paperwork even further by working on a decapitation system, in which states would not have to prove individual entitlement decisions but rather receive a per-capita payment based on geographic area's eligibility. A current study shows that well over 85 percent of administrative costs is usually related to individual entitlement decisions or third-party billing. With this system, the administrative costs would be substantially reduced for any size district.

As I look at the pros and cons of Medicaid funding, I think the question is one of balance. And it is also of a shifting perspective. For years we have all viewed Medicaid as just one more program to draw on. However, in state governments that are using it the most effectively, people see Medicaid as a state/federal resource with which to undergird a lot of the strategic thinking about a service system for families and children.

There is a real need on the part of educators for good strategic thinking about how to make the best use of Medicaid and for the tools and materials that would help people make good decisions. It makes no sense that individual state agencies and individual districts should have to reinvent the wheel again and again. The more you can come up with a structured way of building your capacity, sharing your information, and considering how education can best make use of these funds, the more you will be contributing not only to your budgets, but to the real debate about how to finance a national system of care for needy families and children.

Benefits of Local Collaboration

Where does some of this lead? There are many other individual funding sources to consider when refinancing, but as a whole, where do we start? We have been working recently with some local collaborative bodies — groups including representatives from education, child welfare, health, mental health, and social services. These people meet around the table in some sort of organized form; and some of those groups have been working together for three or four years and are beginning to think about fairly sophisticated work.

One strategy, what I call a "putting-it-all-together strategy," combines programmatic and fiscal considerations, with an emphasis on putting the program first. In the right brain/left brain scheme, the program side is the right brain, where people are defining the type of service system they want for families and kids in their neighborhoods and communities. Then they do the left-brain work, looking together across all these systems at the financing strategies that can support the program strategy. Technically this is very complex. It needs to be sequenced. You cannot do it all at once. But an important shift is happening. People are moving from a focus on what agencies can do to a focus on what communities need.

For example, Prince George's County, Maryland, has established a local governing board, a collaborative which is working on using Title IV-E of the Social Security Act and doing an assessment of Medicaid options. A collaborative board in the Grand Forks area of North Dakota has just decided to follow a similar path. And state agencies are considering today whether they will give full support to these efforts. These places are just beginning this process. They have all done pieces, but nobody has put together the whole. But they do have a commitment to put the money on the common table, a critical first step.

We are beginning to see that people are thinking beyond narrow categories of the school's dollar, or the human service agency's dollar, or the mental health agency's dollar. Instead, they are moving to recognize that these are the community's dollars. Individual agencies will do their refinancing work, but the dollars that come out of those efforts get put on the table for collaborative decisions about what are the most important investments for families and kids. This is one of the hardest steps to take. People who have worked hard for this money think: "Wait a minute. I generated that money. I should get it for my budget." But instead, they are preparing to channel it into the common pool.

This is a beginning strategy to break that "agencies" mindset and have a "communities" mindset on behalf of kids. It is a step toward what I think is the ultimate goal. Local collaboration and a community mindset contribute to a much more coherent, much more entitlement-based (not a word we all like to say) funding stream for these services, for these families and children. One of our primary messages should be that there is a real need for the funding environment to evolve to this collaboration-driven outcome.

The Future of Family-Care Reform

The Medicaid options and opportunities I discussed earlier are under *current* Medicaid law. If more options are added in future reforms, which seems likely, we will see an even more favorable picture. Educators and other providers of services to children should be thinking seriously about how to make Medicaid funding more workable at the state and local level.

My concern is that schools and educators are not enough a part of that debate. There has been good leadership at the federal level, but I doubt very much whether many educators see themselves as key actors in that debate at the state level. But I would urge you to get into it. To devote staff time to it. To think of it as core to your mission — as much as some of the other more traditional academic work. I think it has equally as high a payoff for you — and not only a fiscal payoff. The payoff is not even primarily fiscal, but is in terms of having children ready to learn in schools.

There are many who are concerned about the teachers and others in schools who are already overloaded with programs to implement, on top of their academic programs. This is an important issue. State leaders have the responsibility to look carefully at what is bearable at the local level and ratchet down or phase in this fiscal agenda over time.

I have been very impressed with the way New Mexico has handled this. State leaders called school districts in and sat down, not just with the education agency, but with the family service agency, the mental health agency, and the Governor's office, to talk about family services. We told them: "Establishing school-linked family services and using creative funding strategies mean a little more work. We are doing everything we can to minimize that. You will have options. You will not have to buy into it." And these conversations created a climate where the locals are very much a part of the thinking up front. That kind of good communication, good strategic up-front thinking, I think, is the answer.

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Evaluation of School-linked Services

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Abstract

Evaluation of school-linked service initiatives, which are characterized by great flexibility and variability, is challenging but also possible and desirable. Indeed, every school-linked service effort should undergo some level of evaluation, whether for the purpose of honing an existing program or for providing evidence of its effectiveness. Evaluations of previous school-linked service programs offer limited support for the school-linked service movement and indicate how complex programs placed in the schools can be evaluated with sensitivity and rigor. Evaluation can serve as a useful tool to program providers, policymakers, and funders, but each group must make significant commitments to ensure a meaningful and high-quality evaluation. Expensive, unevaluated programs that are continued year after year and that are based only on hunches or political winds can represent a waste of millions of dollars as well as lost opportunities to try what could well be more effective approaches.

Two additional articles on evaluation of school-linked services are available upon request from the Center. The first is a literature review of previous studies of school-linked service programs. The second is a primer on evaluation, with a special focus on conducting evaluations of school-linked service programs.

Systematic evaluation is increasingly sought to guide operations, to assure legislators and planners that they are proceeding on sound lines, and to make services responsive to their publics. Evaluation has thus become the liveliest frontier of American social science.[1]

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Over 10 years have passed since these words were written, and program evaluation remains a frontier that is both lively and less than fully explored. On that frontier, school-linked service efforts are outposts in need of improved evaluation—evaluation that will furnish information to service planners, providers, beneficiaries, and funders.

The Importance of Evaluation

As many of the articles in this journal issue discuss, school-linked service programs are designed to offer multiple and flexible services to children and their families through collaborative partnerships among school, health, and social services agencies. Ideally, each effort is shaped according to the needs and resources of the community as well as the needs of the individuals served. (See the articles by Gardner, by Levy

and Shepardson, and by Jehl and Kirst in this journal issue.) Thus, by definition, each school-linked service effort differs, both in terms of services offered and administrative structure. Evaluating programs that are characterized by such flexibility and variability is certainly a challenge, but it is not impossible.

The premise of this article is that evaluation of school-linked service efforts needs more attention. Indeed, every effort—regardless of size—should include some level of evaluation. As discussed below, for some programs, this evaluation will consist primarily of descriptive data collection; for others, a carefully designed outcome evaluation will be possible.

Evaluation of school-linked services is important for at least two reasons:

1. Evaluation can provide information about whether the school-linked service approach is effective and/or worth the investment. Implementation of school-linked service efforts requires significant changes in funding, utilization of personnel, and services. Such change is rarely without cost, and backers of school-linked services should be able to demonstrate that the direct and indirect costs inherent in the new programs are warranted on the basis of demonstrated outcomes. A well-crafted evaluation can help determine if a new school-linked service initiative generates outcomes for children, families, and communities that are better than those generated by either existing service delivery systems or new service arrangements (for example, by a community-based, integrated service program). Information from evaluations is important not only for policymakers but also for all those involved in providing services. Teachers and other staff want to know whether the changes they have made are improving the lives of children.

2. Evaluation can also provide information about how best to implement a program. Apart from comparing the outcomes of a school-linked service program with those of some other service system, an evaluation can also be structured to help those implementing a program identify areas where they are meeting or exceeding goals or where the program should be modified to improve service to students and families. In a field like school-linked services, where most programs are new or just getting under way, evaluation can play an invaluable role in honing programs.

Every school-linked service effort—regardless of size—should include some level of evaluation.

This article discusses the need for the evaluation—indeed, for a range of evaluation strategies—of school-linked service initiatives. Previous evaluation efforts are described briefly. Although previous efforts suggest limited support for some key tenets of new school-linked service initiatives, they demonstrate the difficulty even the best programs have in changing people's behavior. They also illustrate how school-linked service programs can be evaluated. Finally, this article discusses the considerable commitment program providers, policymakers, and funders must make to conduct meaningful evaluations.

Types of Evaluation

One of the first steps in launching an evaluation of school-linked services is to determine the goals of the evaluation. Is the purpose of the evaluation to describe the services the program provided and

who received them? Or to determine if and for whom the services made a difference? Once those goals are selected, a number of strategies of varying appropriateness, comprehensiveness, and cost are available to accomplish them.

Evaluations are often divided into two general types, both of which can be useful in assessing a school-linked service initiative: process (formative) evaluation and outcome (summative) evaluation.

Process Evaluation

A process evaluation focuses on what services were provided to whom and how. Its purpose is to describe how the program was implemented—who was involved and what problems were experienced. A process evaluation is useful for monitoring program implementation; for identifying changes to make the program operate as planned; and, generally, for program improvement. Figure 1 further describes this type of evaluation and its goals. (A more thorough discussion of this and other aspects of evaluation is available upon request from the Center.)[2]

In a complex school-linked service collaboration among a number of child-serving agencies, a process evaluation may also examine how the agencies interacted during implementation. Such an assessment might document changes in relationships among social and health service providers, educators, and client families. A process evaluation might document system change as evidenced by new intake procedures, new forms, memoranda of understanding, or interagency linkage agreements. In some cases, changes in relationships and systems may be specifically planned goals of the program. In other

FIGURE 1. BASICS OF EVALUATION: Purposes of Evaluation

Intuitively, program planners and policymakers want to learn at least three things from a program evaluation:

What services did the program provide?
Who received the services?
Did the services make a difference?

In fact, depending upon the purposes of the evaluation, answering only one or two of these questions may be sufficient. If the primary purpose of the evaluation is to help program staff hone a new program, then answering the first two questions may be enough. Answers to those questions will determine if the program is delivering the services it intended to deliver and if those services are reaching the intended audience. If, on the other hand, the purpose of the evaluation is to persuade funders to continue funding a program, to expand services, or to fund a spin-off of an existing program in a new site, then the third question may become increasingly important.

This division is roughly analogous to the oft-cited division between *process* (or formative) and *outcome* (or summative) evaluations.

Process evaluations focus on descriptions of the "activities of service programs and their relation to program goals and objectives." *

Outcome evaluations are studies to determine the effectiveness or outcomes of service programs. They must be designed to

1) measure whether anticipated changes occurred, and

2) prove that the changes were caused by the program and not something else. Designing an evaluation that is rigorous enough to rule out all the alternative causative explanations requires considerable time, effort, expense, and commitment from all concerned. (Figure 3 illustrates some of the techniques that are used to demonstrate causation.)

The best outcome evaluations will include and be informed by components of process evaluations. Even evaluations whose primary goals are to determine if services were effective should include enough measures of process to help explain whatever results are eventually obtained.

*J. Pawl, K. Barnard, A. Korner, et al., *Charting Change in Infants, Families, and Services: A Guide to Program Evaluation for Administrators and Practitioners*, National Center for Clinical Infant Programs, 1987, p. 5.

cases, such changes may only be intermediate outcomes accomplished en route to the outcome of most interest to program planners: changes in the students.

Outcome Evaluation

In most cases, the primary motivation for creating and funding school-linked service efforts is to accomplish specific student-related goals. Examples of these goals include improvement of academic performance or reduction of problems such as drug use or teen pregnancy. In contrast to process evaluation, an outcome, or summative, evaluation determines whether the services that were provided to and used by the students led to the desired changes in the participating students. Typically more complex and expensive than a process evaluation, an outcome evaluation can be undertaken only if (1) there is a clear statement about what changes are expected, (2) appropriate measures are selected for tracking such change, and (3) a mechanism is established to collect reliable data about these outcomes. Figure 1 discusses outcome evaluations. Figure 2 lists the issues involved in selecting and measuring outcomes.

The purpose of an outcome evaluation is not only to measure changes in outcomes but to establish that the intervention (that is, the school-linked service program) caused the changes. Collecting data about targeted outcomes does not necessarily provide information about causation. For example, data may show that test scores of students increased or drug use by students decreased after school-linked services were introduced at a school, but this information alone cannot prove that the services provided caused the change. Other factors may have been the real causes—for example, a change in the composition of the student body or a community-wide change in attitude caused by the drug-overdose death of a celebrity.

The most crucial decisions in an evaluation to establish causation involve its design—that is, the decisions about what will be measured and when those assessments will occur. Only an evaluation with a rigorous design can establish causal links between the intervention and the observed outcomes.

Evaluators employ a variety of research designs to structure outcome evaluations, ranging from simple pretest/posttest designs with one group to complicated multigroup and multisite designs. Some of the more generic designs are discussed in figure 3.

As a general rule, to help establish a causal link between the provided services and observed changes and to eliminate alternative explanations of outcomes, evaluators must compare students or families who did not receive the services with similar students or families who did. Researchers often use one of two techniques to construct a comparison group: Researchers (1) match the group (such as students, classrooms, schools, or communities) receiving services with a similar group that does not receive program services or (2) they use random assignment to decide which members of the target group receive program services and which do not.

Random assignment is the most reliable technique available to guarantee that the group receiving program services (the intervention group) and the group not receiving services (the control group) are initially equivalent. The effects of the program are then measured by comparing the amount of change displayed in each of the two groups. Figure 4 presents further discussion of random assignment, reasons why opposition to it sometimes runs high, and suggestions for implementation of research designs employing it.

Selection of Appropriate Evaluation Strategies for School-linked Services

As stated earlier, no school-linked service effort, no matter the size, should be undertaken or funded without including some level of evaluation. Of course, it is unrealistic to expect that all efforts—or even many—will have sufficient funding and be large enough to embrace a high-quality evaluation with random assignment, control groups, and well-validated measures of outcome to establish causal links between the intervention and outcomes.

However, it is not unrealistic to expect that every school-linked service initiative adopt clearly stated goals both for process and outcomes, have the means to collect some amount of data related to these goals, and undertake some form of process evaluation. The National Center for Clinical Infant Programs offered advice regarding the evaluation of service programs for infants, toddlers, and their families, and that advice applies to the evaluation of school-linked service efforts in general:

Continued on page 75.

BASICS OF EVALUATION: Selecting the Outcomes

Selecting the outcomes to document is an early step in conducting an evaluation.

Should changes in the individual participant, the family, the service system, and the community be assessed? Should cost savings be monitored?

Most programs are guided by implicit or explicit theories of how the planned interventions will lead to changes in knowledge, attitudes, or behavior in individuals, families, or communities. In some cases, program developers may regard changes in knowledge or attitudes as the endpoints of interest. In most cases, however, program developers, funders, and policymakers are interested in those types of outcomes only if they are predictive of subsequent changes in behavior; it is the behavior changes that are the ultimate goals.

Before evaluators assess outcomes of a program, they frequently try to determine if the intended services (the intervention) actually were delivered to the intended audience. If the intervention was not implemented as intended, then any changes in knowledge, attitudes, or behavior that are observed later cannot be attributed to the intervention—at least not to the originally proposed intervention. After evaluators determine that the planned program operated as it was intended to operate, evaluators usually turn to assessments of outcomes.

For example, consider a program to prevent school drop-out by decreasing class size and providing a counselor for each student. At a minimum, the measured outcomes should be class size and provision of counseling, to ensure that the intended intervention occurred. Other outcomes might include the attitudes of the students and teachers toward one another, actual dropout rates after one or more years of the program, and, perhaps, rates of employment in the community. Depending upon the scope and intensity of the intervention, one or more of these outcomes may be expected.

Most programs, including most school-linked service programs that have been evaluated to date, have focused on changes in the student participants. Most evaluations have sought to determine if the services led to changes in student knowledge, attitudes, and/or behavior. Change in knowledge and attitude is easiest to document through the use of paper-and-pencil questionnaires but is not necessarily predictive of behavior change. Programs have therefore increasingly tried to assess changes in behavior itself. Furthermore, programs have begun to use objective measures of behavior rather than self-reports from program participants.

The following is a list of possible outcomes that have been used in previous studies and/or might be appropriate to use to assess new school-linked service initiatives:

Examples of Outcomes Used to Assess School-linked Service Initiatives

General Outcome	Specific Outcome
THE STUDENT	
School Achievement	Grade point average
	Standardized test scores
	Absenteeism
	Dropout rates
	School re-entry rates for initial dropouts
	Student attitudes toward school
	Teacher ratings of student performance
	Observation of in-class behavior
Teen Pregnancy	Student attitudes toward sex and contraception
	Student knowledge about sex and contraception
	Rates of contraceptive use
	Rates of pregnancy (self-report; clinic records)
	Rates of repeat pregnancies
	Live birth rates

Figure 2 (continued)

General Outcome	Specific Outcome
Social Skills	Ability to withstand peer pressure (in role playing, or in observations of behavior in class or on playground)
Cardiovascular Fitness	Diet (self-report; observation of school lunches or food in refrigerator at home; analysis of salt/fat content of school lunches)
	Cholesterol level
	Blood pressure level
	Percent overweight
	Exercise levels (self-reported or observed)
Mental Health	Suicide rates
	Scores on depression scales
	Scores on self-esteem scales
Drug, Alcohol, and Cigarette Use	Rates (self-reported; breath, saliva, urine tests)
	Student attitudes toward use
	Student knowledge about effects of drugs
Job Placement	Job rates while enrolled in school
	Job rates after exit (post-graduation; post–drop-out)
THE SERVICE SYSTEM	
Utilization of Services	Services offered by collaborating agencies
	Services used by participants
	Referrals to other agencies
	Services delivered by other agencies
	Patterns of utilization across different groups of students/parents
Costs	Sources of funding
	Amount of funding
	Direct costs of services/personnel
	Indirect costs of services/personnel
Interagency Collaboration	Existence of memoranda of understanding
	Frequency of meetings among participating agencies
	Existence of steering committee with representation from collaborating agencies
	Existence of waivers to document changes in funding streams
Streamlined Procedures	Existence of new, simpler forms
	Number of contacts families have with multiple agencies
	Time spent waiting for services
THE FAMILY	
Child Abuse or Neglect	Rates for program participants (reports to child protective agencies; court decisions; removal of child from biological family)
Home Environment	Ability to promote child development (self-report, observation by home visitor)
	Safety (self-report; observation by home visitor)
Parent-Child Interaction	Style and content (self-report; observation)
Connection with Community Institutions	Parental attitudes toward schools and collaborating agencies
	Parental knowledge about community services available
Cardiovascular Fitness (parental)	Blood pressure
	Cholesterol level
	Pulse rate
	Percent overweight
	Exercise levels

Figure 2 (Continued)

General Outcome	Specific Outcome
THE COMMUNITY	
Media	Number of stories on school-linked initiative
	Number of stories on issues addressed by the initiative
Teen Pregnancy	Community-wide rates
Child Abuse and Neglect	Community-wide rates
School Drop-Out	Community-wide rates
Unemployment	Community-wide rates
Advocacy for Children and Families	Rates of volunteerism
	Amount of funding for children's programs

Figure 3. BASICS OF EVALUATION: Designing an Evaluation

Once outcomes and measures are selected, the overall design of the evaluation must be determined. The choices about what will be measured and when those assessments will occur are perhaps the most critical in ensuring the quality of the evaluation.

The strength of the design will determine the extent to which it will be known that the intervention (the services that were provided), and not other factors, caused the observed outcomes. The following illustrates some typical evaluation designs. The most rigorous designs utilize random assignment to create control and experimental groups. Random assignment is discussed further in figure 4.

Notation style based on D.T. Campbell and J.C. Stanley, *Experimental and Quasi-experimental Designs for Research*, 1963.

1. One-Group, Posttest-Only Design

Group 1: X O

In this design program participants are tested after receiving services.

Comments: Observed changes cannot be attributed to the intervention (X) because (1) the initial starting point for the group is unknown; and (2) it is possible that the group would have changed anyway.

2. One-Group, Pretest and Posttest Design

Group 1: O_1 X O_2

In this design program participants are tested both before and after receiving services.

Comments: Any observed changes could be due to something else that happened at the same time as the intervention. Group scores on a posttest could have changed from pretest levels even without the intervention. This design is especially risky when used to assess children, in whom developmental changes occur as part of normal maturation.

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Figure 3. (continued)

3. Two-Group (Matched), Pretest and Posttest Design

Group 1: O_1 X O_2
Group 2: O_1 O_2

In this design a comparison group is constructed. Both groups are tested at two points in time, but only one group receives the services.

Comments: The two groups are matched initially on a set of characteristics thought to be important (typically, ethnicity, socioeconomic status, pretest scores). Nevertheless, it is always possible that the groups differ on some important, but unknown and unmeasured, characteristic. If that characteristic is associated with change in the targeted outcome, then the groups might look different after the intervention, not because of the intervention, but because of the influence of the unmeasured characteristic.

4. Two-Group (Randomly Assigned), Posttest-Only Design

Group 1: O_1 X O_2
Group 2: O_2

In this design a pool of participants are randomly assigned to two groups, one of which receives program services.

Comments: Random assignment (assigning potential program participants to groups by utilizing techniques akin to flipping a coin) is the best way to ensure that groups are equivalent prior to the intervention. Because the intervention and control groups are assumed to be equivalent initially, no pretest for the control group is necessary.

More elaborate designs using random assignment can include pretests for the control group and/or multiple intervention and control groups. Groups may consist of individuals, classrooms, schools, or communities. In some projects, members of the control group are placed on a waiting list until the second measurement (O_2) occurs. They then receive program services.

Continued from page 71.

All service providers should be engaging in some form of ongoing process evaluation, whether or not they are ready for a formal outcome evaluation. A program's own staff can design and implement ongoing record-keeping activities that not only keep the program accountable to families and sponsors but that also suggest avenues for program improvement.[3]

In addition to such process evaluations, every school-linked service effort, regardless of size, should at least take beginning steps toward collecting information about behavioral outcomes and systems change. At a minimum, this requires planners and providers to identify clearly which changes they intend to produce in the behavior of students or in the procedures of cooperating agencies and how these changes can be measured. Furthermore, before services begin each program should collect baseline data on these measures and update the data each year.

As part of this ongoing monitoring, some school-linked service efforts may also be able to conduct a pre- and postservice assessment of students who received services. Other efforts may even be able to construct a comparison group that did not receive the intervention against which to compare results.

But to determine the effectiveness of school-linked services requires more than these less formal attempts at outcome evaluation. There must also be comprehensive, well-funded, and well-designed outcome evaluations that use random assignment or appropriate comparison groups. In the long run, the best evidence for the effectiveness of school-linked services will be produced by a convergence of results from a number of evaluations using different designs.[4]

Statewide or multisite efforts at school-linked services afford a particularly rich opportunity for learning. This opportunity should not be squandered. Although each program site differs, policymakers, funders, and service providers should actively develop a comprehensive evaluation plan to take advantage of their diversity and answer a wide range of important questions. For example, when sites offer different services, evaluation can help dis-

cover which services are most effective. When sites serve different types of students, evaluation can help discover how best to deliver services to students of different backgrounds. When sites differ in the amount of initial training of program staff or in the amount of training offered by the program, evaluation can reveal how much training is necessary for the most effective implementation. When pilot programs move from individual sites to statewide efforts and scarce dollars must be spread thinner than ever, evaluation can help detail the effect service dilution or diminished funding per site has on program effectiveness.

Multisite evaluations also afford the opportunity to compare alternative service delivery systems such as the fragmented existing system; comprehensive, school-linked service programs; or some other community-based, integrated service delivery system. Even if the existing system is inadequate, changing the system will not necessarily lead to improvement. And, since change typically involves cost, advocates for change must show that the costs of system-wide reform are justified.

There are several important considerations and obligations for funders, policymakers, and evaluators when designing

Box 4: Basics of Evaluation: Random Assignment

Random assignment is the most reliable technique available to guarantee that the group receiving program services (the intervention group) and the group not receiving services (the control group) are initially equivalent. Despite the methodological advantages, using a comparison or control group can engender resistance for several reasons.

First, including any comparison group adds to the expense of the evaluation because measuring two or more groups is more costly than assessing only one. Funders must acknowledge the extra expense and be willing to cover it.

Second, using random assignment to create a control group can generate ethical and political dilemmas for service providers who may be reluctant to withhold services from any students who they believe need them. There are strategies, however, to reduce problems: (1) Establish criteria for entrance into the pool of subjects who will be randomly assigned to receive services. For example, the criteria could exclude the most needy students (such as pregnant teens under the age of 14) from random assignment to ensure that they will always receive services; (2) Randomly assign all eligible students into an intervention group and a wait-listed control group. Rather than never receiving services, members of the control group are assured that they will eventually participate in the program after the impact of the intervention is measured; or (3) Provide different or less intensive services to individuals in the control group.

Random assignment at the school or classroom level

Sometimes, rather than randomly assigning individuals to experimental conditions, evaluators will suggest that whole schools or classrooms be assigned to either an intervention or control group. This approach is used when it seems impossible to keep individuals in one group from learning about and being affected by the services being delivered to individuals in another group. This is often necessary, for example, when the intervention being evaluated involves school- or community-wide changes. With such interventions, evaluators may need to employ random assignment at the level of the school or community.

When random assignment occurs at the level of the institution, planners and providers may be concerned that a rigorous experimental design will tie their hands in terms of the services that they will be able to provide to students and their families. That is, they may fear that the experimental design will require a specific and consistent set of services to be delivered to every student in the experimental group. Such an approach would conflict with the basic tenet of the school-linked service approach of giving line workers more discretion to tailor services to the particular needs of the child or family.

Such flexibility does not make an outcome evaluation impossible, but it does make a better than average record-keeping system necessary, and it does change what questions the evaluation can answer. If positive changes are noted in the experimental group and not in the untreated control group, one knows that some combination of services made a difference, although one usually cannot tell which services caused the change. With the addition of an excellent record-keeping system, it may be possible to note some tentative associations between services and observed changes, but those associations are probably more likely to remain tentative than conclusive. In other words, the evaluation will be able to answer the global question, Did the whole new package of services lead to change? but not the more specific question, Which of the provided services were most important?

evaluations for school-linked services. However, before discussing these, we turn to a discussion of the considerable history of evaluating school-linked services. This literature provides some evidence that school-linked service initiatives hold promise and that evaluating the initiatives is indeed possible and desirable. The literature also indicates, however, that the difficulty of changing human behavior should not be underestimated.

Previous Evaluations of School-linked Service Programs

This section briefly summarizes the lessons offered by the rich existing literature on school-linked services. The summary is based upon a literature review (available upon request from the Center)[5] of approximately 10 years of published studies on school-linked service programs.

Most of the hundreds of such studies concern single-focus, single-service programs based at schools. Some programs focused on children from low-income neighborhoods, but most research projects were conducted in white, middle-class areas. Although some programs focused on children of a particular age range, the literature shows that school-based services as a whole have been offered to children from grades K–12. By far the vast majority of published research literature chronicles the classroom-based, curriculum-driven approach. Except for these similarities, however, the literature documents a great variety of programs. These diverse efforts addressed problems as varied as teen pregnancy; dropping out of school; use of alcohol, cigarettes, and illicit drugs; teen suicide and depression; reactions to parental divorce; child abuse; obesity; cardiovascular disease; and inadequate access to medical care. The programs utilized many strategies, including classroom-based curricular interventions (some emphasizing factual information, others teaching life skills), new curricula as well as provision of direct services such as health care or counseling to students, direct services alone, and the coupling of curricula with services to students and families throughout a community.

It is difficult and perhaps impossible to examine the literature about school-linked services through a single conceptual prism.

The providers and participants in school-linked service programs have also varied greatly. Some programs were administered by schools, others by university researchers or community agencies working in conjunction with schools, and others by public agencies. The services were delivered by school personnel and by outsiders, adults, or students' peers, and by combinations of these.

These diverse efforts were, for the most part, isolated projects. They were not designed as part of a comprehensive strategy to determine the most effective method of serving students. Thus, it is difficult and perhaps impossible to examine the literature about school-linked services through a single conceptual prism. Nevertheless, the history of school-linked service evaluation does suggest some lessons that may help guide current initiatives and the evaluation of them. These lessons are discussed briefly below.

The Promise of Comprehensive, School-linked Services

Proponents of school-linked services contend that achieving better outcomes for children and families requires at least three elements: comprehensive services, increased involvement of parents, and changes to make schools and agencies more responsive to children and families. In two ways, the published literature on single-focus, school-based programs provides some support for this contention. First, the literature indicates how hard it is to change behavior through traditional classroom-based approaches that do not include the three elements. Second, the literature shows that programs that do employ the elements can lead to a change in student behavior.

For example, the literature indicates that a fact-based curriculum alone is not sufficient to change student behavior. Initial efforts to prevent risky health behaviors—smoking, alcohol or drug abuse, or teen sex, for example—employed heavily information-based or fear-laden messages. Gradually, research discredited these curricula because they tended to influence student knowledge but not behavior.[6–9] Today, the most up-to-date programs in-

volve curricula that are based on social learning theories. Such curricula provide students with information as well as training in social skills to resist pressures from peers, family, or the media; with skills to make thoughtful decisions about health behaviors; and with opportunities to role-play and practice their skills.[10]

Recently, however, even these more comprehensive programs have been combined with efforts to enlist parental, community, and media support, and there is evidence that these broader initiatives are effective. For example, parental and/or community involvement has led to positive results in programs designed to improve cardiovascular fitness,[11] to help obese elementary school students lose weight,[12] to deter young children from smoking,[13] and to prevent teen pregnancy.[14]

Similarly, programs that change the school structure to make it more student-focused (for example, to place classes close to one another, to provide a teacher who acts as a resource for a student and meets regularly with him or her, and to keep students in small groups that foster comfortable student-peer and student-teacher relationships) demonstrate promising decreases in absenteeism, lower dropout rates, better academic performance, and improved self-concept among students.[15–17]

The Difficulty of Changing Human Behavior

As mentioned earlier, a purely information- or fear-based approach is largely ineffective in altering behavior though it may increase knowledge. Indeed, in most domains (for example, use of drugs, alcohol, and cigarettes; exercise; diet; teen pregnancy prevention),[7,9,18–20] the literature indicates only a fairly modest relationship among changes in knowledge, attitudes, and behavior. When programs led to behavior change, the changes were often small and usually involved delaying the onset of a behavior such as smoking rather than preventing it altogether.[21]

Similarly modest behavior changes were also achieved in school-based health clinics, often the most comprehensive school-based services. After more than a decade of experimentation and some fairly rigorous evaluation, the results achieved by school-based health clinics are mixed. Although these clinics have increased access to and utilization of basic physical and mental health services, their ability to change students' reproductive behavior or substance use has been minor.

For example, the most comprehensive study to date of school-based clinics found that, although clinics did not hasten the initiation or increase the frequency of sex among students, neither did they promote greater use of contraception or lead to decreased pregnancy rates.[22,23] Clinics were associated with increased contraceptive use only when schools or the surrounding community made the prevention of pregnancy or AIDS a special focus. Despite predictions that school-based clinics might prevent some mild problems from becoming serious, clinics did not have a significant impact upon the use of emergency rooms, the number of nights spent in the hospital, or school absenteeism. The clinics also had mixed effects on students' self-reported use of cigarettes, alcohol, or illicit drugs.

Although the evaluations of school-based clinics may seem discouraging, the results are consistent with the other findings discussed above and may be consistent with the contentions of the proponents of school-linked services. It is very hard to change behavior, but the most promising opportunities to do so may involve school-wide and community-wide mobilization.

Elements of Effective School-linked Service Programs

The published literature about curriculum-based programs suggests some key elements of successful program implementation. These elements include adequate training of program providers; sufficient intensity of services; and, in some cases, peer rather than adult providers. Programs in which providers received poor training (such as a half-day workshop), for example, were usually not as successful as those in which providers received more extensive training (such as a day-long session with periodic review meetings).[10] Some apparent program failures were later traced to inadequate implementation (for example, not covering core topics, changing the curriculum, or spending less time on the program than planned).[24,25]

Generally, in classroom-based alcohol-use and smoking prevention programs, intensive services (for example, 10 to 15 sessions in 1 year with booster sessions continuing over 2 to 3 years) were more effective than less intensive services (for

instance, four class lectures without follow-up).[10,26] The required intensity of services for other domains and other service strategies is unknown.

Some studies of curricula considered whether efforts were more effective if led by teachers or by outside experts, by adults or by peers.[27–30] No clear results emerged, but many programs now use teachers or adults to guide the program and incorporate in-class peers to add information.

Research indicates that training, service intensity, and program leadership are important factors in the success of curriculum-based, school-linked service programs; these three elements may also be relevant to the new school-linked service efforts, which are not primarily in-class, curriculum-based efforts. To verify that these relationships hold for other sorts of school-linked service initiatives, future evaluations must investigate these elements directly.

The Evolution of Quality Evaluation

The existing school-linked service evaluation literature varies greatly in quality. Over time, the methodology used became more rigorous, especially for curriculum-based efforts designed to prevent smoking or drug and alcohol use or to promote cardiovascular fitness. (Perhaps, because those efforts received the largest amounts of federal funding, researchers could afford the time and commitment required for rigorous evaluation.) Rather than using one-group pretest and immediate posttest designs, for example, researchers increasingly relied on more sophisticated designs involving random assignment of whole schools to groups and follow-ups over longer periods of time. Increasingly, researchers used advanced measurement techniques (such as actually observing children's lunches[31] or measuring blood cholesterol levels[32] rather than relying on self-reports about diets or actually measuring biochemical markers for drug or cigarette use rather than relying on student self-reports[11,33,34]). Nevertheless, critics noted that many studies of curriculum-based approaches were plagued with one or more of the following methodological problems: weak pre-post or nonrandomized designs; small, convenient samples rather than large, representative groups; poor measurement instruments; assessments of knowledge or attitudes rather than actual behavior; use of self-reports with limited or no physiological validation; high attrition rates; and poor implementation of experimental intervention.[18,35,36]

The evolution of evaluation has also included broader focus on questions other than the overall effectiveness of a program. For example, some recent investigations explored implementation questions such as how intensively services should be offered or how best to train providers.[37] Other efforts investigated questions of generalizability—that is, how well programs can be transferred to different settings. For example, studies indicated that the same general curriculum approaches are not equally effective at deterring the use of cigarettes versus alcohol[9,21,38] and that the same program may have very different rates of effectiveness with different groups of children[38–41] or if presented by different providers (for instance, adults versus peers, schoolteachers versus members of the outside research team).[10,28,30]

Finally, the literature demonstrates the importance of a longitudinal approach. Few studies have followed children over a number of years to see if program effects are maintained over time. Those that did indicate that results of fairly intensive curriculum programs may be maintained for as long as 4 to 5 years, although differences between control and intervention groups disappear about 6 years after the intervention.[41,42]

Current and Future Evaluations of School-linked Services

These lessons from previous evaluation efforts are important to keep in mind when planning current and future evaluations of school-linked services. They provide helpful insight into how difficult it can be to change human behavior and to design high-quality evaluations.

Evaluation of Current Multifocus, School-linked Service Programs

Current efforts at providing school-linked services differ in significant ways from those described in the published literature. Today, multiagency collaborations offer or coordinate multiple education, health, and social services at or near the school site. These efforts usually have several goals that include not only improving student outcomes (such as reduced dropout rates, improved academic performance, and decreased substance abuse), but also family outcomes (such as improved

parent-child relationships) and systems outcomes (such as better working relationships among education, health, and social services agencies).

Given the more complex nature and goals of current efforts compared to earlier ones, evaluating them is also more complex. Appendix B lists 16 current initiatives to deliver school-linked services to school-age children and briefly describes their evaluations. As the appendix shows, evaluation of these efforts is in a preliminary stage, just as evaluation of single-focus interventions was during the late 1970s and early 1980s. Some programs have not undertaken any formal evaluation at all; some have begun to compare data about students served with data about other groups of similar students; and some are currently planning more formal outcome evaluations. Given the scope and complexity of the initiatives, it is not surprising that methodologically rigorous evaluations have not yet been conducted. Nevertheless, it is best to incorporate evaluation considerations in initial planning for any school-linked service initiative, even if the evaluation is not launched at the same time the services begin. That the most recent school-linked service programs have planned more rigorous evaluation is, therefore, an encouraging trend.

Given the more complex nature and goals of current efforts compared to earlier ones, evaluating them is also more complex.

Future Evaluation Efforts

To develop effective evaluations, planners and providers must increase their commitment to broadening the scope of evaluations while paying more attention to the methodology of analysis.

The Commitment Necessary for Quality Evaluation

To date, evaluation has not received sufficient attention from advocates for or participants in school-linked service programs. In part, this lack of attention reflects the distrust that can exist between service providers and evaluators. For example, in the preparation of this journal issue, the director of a school-linked service initiative was asked what evaluation had occurred. She replied, "We have been fortunate not to have been evaluated." She went on to explain that, in her experience, evaluators often did not understand the complex and competing needs of these programs and were not creative enough to design sound evaluations that were responsive to those needs.

This is just one example of the rift that can exist between the planners and providers of school-linked services and those who evaluate them. Providers worry that they will be held accountable for meeting unreasonable expectations regarding long-term, multifaceted problems. They fear that evaluators will focus on a narrow outcome (such as test scores) and overlook a less tangible but equally important change (such as improved cooperation among service providers). Finally, service planners and providers fear that evaluators will get in the way by imposing, for the sake of the evaluation, such rigidity that the main goal of serving children in a flexible and effective way will be thwarted.

These fears are real, and not without some justification. But they are too often not challenged or explored. The long history of program evaluation indicates that evaluations of school-linked service efforts can be structured to provide useful, objective information while remaining sensitive to the needs of the programs they examine.

To generate the most useful and reliable information, evaluators must adhere to more rigorous standards; settling for less will delay the discovery of how best to deliver services to children and families.

Achieving higher-quality evaluation will require a significant commitment from policymakers and funders. Top-quality evaluation requires substantial amounts of both money and time. Evidence from the past indicates that the best outcome evaluations of multisite programs require state or federal funding to allow the necessary depth, breadth, and duration (for example, funding from the National Cancer Institute for anti-smoking initiatives or from the National Heart Lung and Blood Institute for programs to prevent cardiovascular disease).

Top-quality evaluation requires years. In many instances, complex outcome evaluations should not even be undertaken until a year or two after the school-linked service effort begins. Funders must understand that this time is necessary to

work out the problems that occur in implementing any new program. Although the eventual goal may be to institute an outcome evaluation, for the first couple of years the program is in operation developers should focus on creating the best program possible—not trying to measure definitively whether the new program is having an effect on the students or families it serves. During this time, however, process evaluation is necessary (that is, documenting who receives which services) and plans for the eventual outcome evaluation should be completed. This period can also be a time for pilot-testing the methods and measures to be used in the outcome evaluation.

In planning an outcome evaluation, funders should be sensitive to program staff's concerns about being measured with an unfair yardstick. In selecting outcome measures, evaluators should try to translate the impressions of program staff (from line workers to administrators) and program participants about what changes the program is creating. Undoubtedly, there will be some outcomes that policymakers believe must be measured in most programs, such as school dropout rates, teen pregnancy, licit and illicit substance abuse, and school attendance; changes in system procedures; and costs. There may be other outcomes, however, that only program staff and participants know should be measured—changes in the family or the community, for example. As Bruner writes: "judgments of effectiveness should be comprehensive and interdisciplinary, rather than narrowly defined or single-agency focus."[43] Program staff and participants usually have very good insights about making such judgments.

Although objective, behavioral outcomes are an indispensable priority in a program evaluation, it is important to acknowledge that softer measures, such as participant or staff satisfaction with a program or a new system, are also meaningful. For example, when no other measures show improvement, but costs are equivalent and students, families, and the staff feel happier as a result of a new program, the program may well be judged a success.

Finally, funders must understand that outcome evaluations should continue over a number of years. In appraising programs that try to intervene early in children's lives to prevent later problems, taking the long view is essential. By definition, such programs seek to forestall the development of problem behaviors or conditions that either do not yet exist or only exist at such low levels that traditional statistical tests will not be able to demonstrate significant differences between experimental and control groups.

For example, consider a school-linked service initiative for children in elementary school that seeks to prevent future drug use. At baseline, very few children in either the experimental or the control group are likely to be drug users. Even 1 year after initiation of the program, the number of children in either group likely to be experimenting with drugs is too low to be able to demonstrate statistically significant differences between the two groups. Upon the basis of those results, it would be foolish to conclude, however, that the apparent equivalence between groups means that the program is ineffective. Instead, one must follow the children in both groups for at least 2 or 3 years. At that point, enough children in both groups will have begun to experiment with drugs that group differences in the rate at which that experimentation occurs will be discernable through traditional statistical tests.

Methodological Issues in Outcome Evaluation

Effective evaluations of school-linked services require clear definitions of program goals; evaluation plans that reflect those goals; selection of objective outcome measures; and, when possible, research designs to demonstrate causation.

In addition, such evaluations require careful consideration and resolution of very difficult methodological issues. For example, how will the evaluation address the inevitable movement of students in and out of participating school districts? Some of the students and families who begin a program will not complete it or be available for follow-up afterward. Suppose a program that sought to prevent smoking assessed smoking only in those who remained in school, even though those who dropped out were more likely to be smokers. The results of the program would appear more positive than they actually were. The literature on single-focus, school-linked service programs can provide useful suggestions about how to deal with attrition from a study.[36,44,45]

Methodologically sound studies must also be attentive to commonly accepted rules of statistical analysis. Such rules gov-

ern how many children, classrooms, or schools must be involved to detect the level of change in outcome expected by program developers as a result of intervention. In addition, rules for statistical tests govern how large an effect must be present before the outcome can be labeled as due to the intervention rather than to chance. Sound evaluations must also make sure that the unit of analysis (school, classroom, or individual student) is appropriate.[2,36,46,47]

Conclusions

Policymakers, funders, evaluators, and service providers should not accept statements concerning the benefits of a particular program without some evidence provided by evaluation, and they should not pass up opportunities to learn more from their new projects. Even if one question seems to have been settled, other questions usually remain. Suppose, for example, that the evaluation of Project X indicated that the project "worked." Did it work better than some other alternative? Would the program work for other groups of students and families? Would it work in other schools? What aspects of the project were most effective or important? What were the costs of the program?

Evaluation never has and perhaps never will be the ultimate arbiter of whether or not a program is funded. Successful programs die because of budget deficits or changes in public values. Unevaluated programs or evaluated programs with inconclusive or even negative results continue year after year because of politics or entrenched constituencies. Other values can override any guidance provided by evaluation. Nevertheless, evaluation is too important a tool to overlook. "Although policy decisions must ultimately rest on value preferences, evidence about the costs and benefits of alternative policies are critical in making value choices."[48] Expensive, unevaluated programs that are continued year after year and that are based only on hunches or political winds can represent a waste of millions of dollars as well as lost opportunities to try what could well be more effective approaches.

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PARENTAL AND COMMUNITY SUPPORT AND INVOLVEMENT

Parental and community support and involvement are integral to the success of Goals 2000 and the National Education Goals. Reform efforts will need to encourage and support connecting families, schools, and communities to enable all children to reach high standards. Indeed, the new National Education Goal on parent involvement states that "by the year 2000, every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children." It will take all of us to accomplish this goal. Also, it is very important to involve large numbers of parents and parent representatives in crafting state, community, and school action plans be they for Goals 2000 or for state or local purposes. Parent participation is very important in the very beginning and all the way through the education improvement process.

WHAT ARE PARENTAL AND COMMUNITY SUPPORT AND INVOLVEMENT?

The term "parental and community support and involvement" refers to all the ways in which concerned individuals and groups can participate in and have a positive effect on our education system. Education is not just a matter for students, teachers, and school staff members. In large and small ways, everyone in America is affected by, and can have an influence on, education. In implementing systemic reform, parent involvement needs to be considered in this larger, expanded context. School staff, family members, and members of the community must work together and support each other to help our next generation succeed. The Goals 2000 legislation recognizes the symbiotic roles of school, family, and community members.

The federal government is also encouraging ways to increase family-school partnerships to help students reach the National Education Goals. Indeed, the partnership message embodies the essence of the new parent involvement goal. In addition, the Goals 2000 requirements to involve parents in systemwide educational reforms and the reauthorization of the largest federal education program, the Elementary and Secondary Education Act (ESEA), are opening new avenues for family-school partnerships.

* PARENTS' PARTICIPATION IN SCHOOL MANAGEMENT. As an overall strategy, Goals 2000 would support the continuation and expansion of opportunities for parents to take part in direct school governance. Under new restructuring efforts in many states and communities, school-based management initiatives bring together the principal, teachers, and parents as partners to manage the school and solve problems. In other school management efforts, parents receive school-and

district-level "report cards."

* SHARED RESPONSIBILITY FOR STUDENT'S ACHIEVEMENT. In addition to the new parent involvement goal stressing the formation of partnerships between schools and families, a new priority of the Clinton Administration under the proposed ESEA also illustrates the importance of cooperation between parents and schools to ensure their children's success. Schools that receive Tide I funds would be required to enter into "compacts" with parents; these compacts would articulate the goals, expectations, and responsibilities of schools and parents as partners in student success. Compacts would form the basis for parent-teacher conferences, in which parents and teachers would discuss the progress of the child and ways to encourage better performance. Parents would be responsible for monitoring their children's attendance, completion of homework, television viewing, and positive uses of extracurricular time. Schools and districts would be required to inform parents about the National Education Goals, about their state's content and performance standards, and about the connection between federal programs and state standards.

* PARENT SUPPORT AND OUTREACH. Schools and districts are beginning to employ a range of special training programs and activities to support parents as their children's first teachers. These programs, which have their origins in early childhood education programs, are now adapted for parents of older children as well and would be supported under the proposed ESEA. Many of the programs help parents develop parenting skills and foster conditions in the home that promote study habits and attention to homework. The programs also discuss the National Education Goals, the state's curriculum content and performance standards, and state and local assessments. Many models have evolved, especially in an attempt to overcome language and cultural barriers between parents and the school. Others go beyond developing parents' skills in working with their children to encourage members of the community to serve as volunteers in the schools and to work with parents. Goals 2000 stresses the Parents as Teachers model and Home Instruction for Preschool Youngsters for training parents through parental information and resource centers in the 50 states.

* LINKING UP WITH SOCIAL SERVICES. A wide range of social service activities and programs has begun to help parents help their children make the most of their time before and after school in the home, neighborhood, and community. These services include home visits, job counseling and training, primary and emergency health care, substance abuse treatment, nutrition, housing, transportation, referral centers for family social services, and before- and after-school programs for children of working parents. Such service integration initiatives can be based in schools or housing projects, settlement houses, community development corporations, and child care centers. The Goals 2000 law supports the use of such collaborations to strengthen children's learning.

Ultimately, the programs help parents promote their children's development and give parents the skills and confidence they need to be involved in their children's education. Family literacy programs such as Even Start illustrate a trend toward integration of services. Even Start, which is part of ESEA, provides an integrated *program for parents and young children,* of early childhood education, adult literacy and basic skills instruction, and parenting education.

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TIPS FROM THE RESEARCH

While parental involvement can take many forms, here are some basic tips from the research on creating parent involvement programs that work (Rioux and Berla, 1994; Flaxman and Inger, 1991):

* Good family involvement programs do not always require new or additional money.

* All parents and families want the best for their children and can help them succeed.

* The benefits of parental involvement are not confined to early childhood or the elementary grades; parental involvement provides strong benefits to children through high school.

* Leaders among parents must be recognized as special, and schools should take care to nurture their continued involvement; schools should continuously nurture new parent leaders.

* People and organizations will stretch to meet the needs of the program in creative and innovative ways.

* Children from low-income and minority families have the most to gain when schools get parents involved in their children's education.

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WHY ARE PARENTAL AND COMMUNITY SUPPORT AND INVOLVEMENT IMPORTANT IN THE GOALS 2000 PLAN?

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In addition to adopting a parent involvement goal, the Goals 2000: Educate America Act stresses the importance of parental involvement and community support by requiring each state's improvement plan to describe strategies for how state educational agencies will involve parents and other community representatives in planning, designing, and implementing the plan. The act recognizes that educational reform is a job that schools cannot do alone. Parents, businesses, community organizations, and public and private agencies providing services and support to families and children should be part of

community wide efforts. Indeed, the best way to assure parent and educator support and involvement in carrying out the Goals 2000 action plans is to involve them in crafting the recommended actions.

In the action plan, parental and community support and involvement strategies can include strategies that

* Focus public and private community resources and public school resources on prevention and early intervention to address the needs of all students by identifying and removing unnecessary regulations and obstacles to coordination.

* Increase the access of all students to social services, health care, nutrition, related services, and child care services, and locate such services in schools, cooperating service agencies, community-based centers, or other convenient sites designed to provide "one-stop shopping" for parents and students.

Goals 2000 authorizes parental information and resource centers that provide training, information, and support to parents in each of the 50 states by 1998. In addition, some of the center funds must be used to establish, expand, or operate Parents as Teachers programs or Home Instruction for Preschool Youngsters programs.

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TIPS FROM ONE STATE ON INVOLVING PARENTS, EDUCATORS, AND BUSINESS IN CRAFTING A COMPREHENSIVE ACTION PLAN

South Carolina is known for the grassroots way in which it involved parents, educators, and business in developing and implementing a comprehensive reform package that resulted in concrete student achievement gains between 1983 and 1990. Here are some of the steps taken to involve literally tens of thousands of citizens in the education reform effort:

* AN OPINION POLL offered advice on what the general public, parents, and teachers were concerned about and what improvements in education they would support.

* REGIONAL EVENING FORUMS gave specific ideas through small group discussions of what actions interested parents, teachers, and citizens would recommend to solve the state's education problems and reach proposed education goals. State and local leaders participated in each forum with attendance ranging from 700 to 2,500.

* AN EDUCATION DAY IN EACH REGION OF THE STATE placed significant state leaders along with local leaders into every major school district in a region for an entire day to speak to groups (PTA, local Chamber of Commerce, Rotary Club, League of Women Voters, etc.) about the need for school reform, visit schools, and participate in TV

and radio programs.

* TOLL FREE HOTLINE staffed by volunteers invited citizens to call in with ideas about what should be included in the emerging state school reform package.

* A PROACTIVE SPEAKER BUREAU, with 25 trained speakers, prepared with brief handouts, potential question and answer sheets, and optional speeches for various audiences, gave some 500 speeches during a 5-month period leading up to passage of the legislation.

* A PAID AND PUBLIC SERVICE AD CAMPAIGN was run for several months leading up to introduction of the legislation and highlighting everyday citizens getting involved in their schools and communities to improve their schools and organizing their colleagues to get involved in the statewide effort to improve the schools.

* BUMPER STICKERS AND NEWSPAPER ADS emerged from business and education groups supporting the reform efforts.

* A BROAD-BASED PANEL OF STATE LEADERS crafted the reform plan on the latest studies suggesting promising practices and policies, the recommendations that came from the forums, speech bureau, and hotline, and expert testimony.

* COMMUNITY COORDINATORS, an educator, and citizen leader helped involve citizens from the beginning of the reform effort into implementation.

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WHAT ARE EXAMPLES OF PROMISING PARENTAL INVOLVEMENT AND COMMUNITY SUPPORT STRATEGIES AND PROGRAMS, WHICH CAN SUPPORT GOALS 2000?

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There are many kinds of innovative parent involvement and community support practices and programs in America today. Homework hotlines and interactive voicemail systems are linking parents, students, and teachers together in many states, such as Georgia, Tennessee, Missouri, Virginia, and California. Mentoring and tutoring programs are linking community members and students. The Teaching-Learning Communities (T-LC) Mentor Program in Ann Arbor, Michigan has a special focus on connecting senior citizens with children at risk of academic failure. Businesses, such as the John Hancock Mutual Life Insurance Company in Boston, Massachusetts, are developing family-friendly policies, including providing on-site daycare. Some corporations are actually providing for public schooling on their site.

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HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS (HIPPY) is a home-based school readiness program for parents of children 4 and 5 years old at risk of failing in school. The program

provides parents with a 2-year curriculum, lesson plans, and materials to help them teach school readiness skills to their children. The program began in Israel in 1969 and was introduced into the United States in 1984. To day, there are 43 HIPPY sites operating in 16 states. Arkansas is deeply committed to the HIPPY program where 22 sites serve about 2,400 families. This commitment was made possible by the 1991 Arkansas Better Chance Program Act which increased the availability of funds for early childhood education programs such as HIPPY. The core HIPPY Program consists of home visits every other week in which a paraprofessional works with a parent on sequenced activity units to perform with their children on a daily basis. In alternate weeks, home visits are supplemented by group meetings at the local elementary school. Parents meet together for discussions of lesson topics and parenting issues. HIPPY is designed to increase the parents' self-esteem and to improve their children's cognitive abilities (Fruchter, Galleta, and White, 1992).

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NEW YORK CITY. The "Children's Aid Program," sponsored by the Boys and Girls Club of America, runs a services integration project in the Salome Urena Middle Academies in New York City's Washington Heights-Inwood neighborhood. This area of New York was targeted because it had the highest poverty and crime rates, the largest youth population, and a substantial percentage of limited English proficient families. This "full-service" school is seen as the center of community life, where people work together to solve their own problems. A key goal of the school is to offer "one-stop shopping" that can give children and families quick, convenient, and comprehensive access to aid. The Salome Urena school offers extended hours (7 am to 10 pm) and multiple services such as those provided by social workers, dentists, nurses, and others. Over a thousand parents volunteer in the school of 1,350 students to do such things as record keeping and receptionist duty at the family resource center. Parents contribute as much to the success of the program as the professionals. Indeed, some parents have been trained to give vision and hearing screenings at the clinic. Parents are also offered classes at the school in anything from aerobics to English as a second language to college prep classes.

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WHERE CAN I GET MORE INFORMATION?

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Alliance for Parental Involvement in Education
P.O. Box 59, East Chatham
New York, NY 12060-0059
(518) 392-6900

ASPIRA Association Inc.

1112 16th Street NW, Suite 340
Washington, DC 20036
(202) 835-3600

Center on Families, Communities, Schools & Children's
Learning Boston University School of Education
605 Commonwealth Avenue
Boston, MA 02215
(617) 353-3309

Council for Educational Development and Research
1201 16th Street NW
Washington, DC 20036
(202) 223-1593

Hispanic Policy Development Project (HPDP)
250 Park Avenue South, Suite 5000A
New York, NY 10003
(212) 523-9323

Home and School Institute (HSI)
1201 16th Street NW
Washington, DC 20036
(202) 466-3633

Institute for Responsive Education (IRE)
605 Commonwealth Avenue
Boston, MA 02215
(617) 353-3309

Intentional Reading Association (IRA)
800 Barksdale Road
Newark, DE 19704-8139
(302) 731-1600

Mexican American Legal Defense and Educational Fund (MALDEF)
634 South Spring Street, 11th Floor
Los Angeles, CA 90014
(213) 629-2512

National Association for the Education of Young Children (NAEYC)
1834 Connecticut Avenue NW
Washington, DC 20009
(202) 232-8777

National Association of Partners in Education
209 Madison Street, Suite 401
Alexandria, VA 22314
(703) 836-4880

National Black Child Development Institute
1463 Rhode Island Avenue NW
Washington, DC 20005
(202) 387-1281

National Coalition for Parent Involvement in Education (NCPIE)

Box 39, 1201 16th Street NW
Washington, DC 20036

National Coalition of Title I/Chapter 1 Parents
(National Parent Center)
Edmonds School Building,
9th and D Streets NE
Washington, DC 20002
(202) 547-9286

National Council of La Raza (NCLR)
810 First Street NE, Suite 300
Washington, DC 20002-4205
(202) 289-1380

National Information Center for Children and Youth with Handicaps
(NICHCY)
P.O. Box 1492
Washington, DC 20013
1-800-999-5599

Parents as Teachers National Center (PAT)
University of Missouri-St.
Louis Marillac Hall,
8001 Natural Bridge Road
St. Louis, MO 63121 4499
(314) 553-5738

Parent-Teacher Associations,
National PTA Department D,
700 North Rush Street
Chicago,IL 60611-2571

Parent Training and Information Centers, and
Technical Assistance to Parent Projects
95 Berkeley Street, Suite 104
Boston, MA 02116
(617) 482-2915

U.S. Department of Education Goals 2000 Community Project
Information Resource Center (IRC) 400 Maryland Avenue,
SW Washington, DC 20202 1800-USA-LEARN

READING LIST

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This paper is offered to stimulate discussion and thinking in one of the key components to be included in Goals 2000: Educate America Act plans. We welcome revisions and suggestions for examples of effective state and local practices for future editions. Please send your comments to: Goals 2000; U.S. Department of Education; 400 Maryland Avenue, SW; Washington, DC 20202.

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last updated 7/28/94 (pkickbush)

SECTION III: MAKING IT A REALITY: IMPLEMENTING THE INTEGRATION OF EDUCATION AND SOCIAL SERVICES

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Stage Two
Building Trust and Ownership

"It is imperative that partners develop trust—the kind of trust that enables them to present a united front against inevitable obstacles. The camel's back must be strong enough to withstand even the last straw."

Richard "Jake" Jacobsen
New Beginnings

Major Milestones

Partners **DEVELOP A BASE OF COMMON KNOWLEDGE** by learning as much as possible about each other's beliefs, goals, objectives, cultures, and working constraints.

The collaborative **CONDUCTS A COMMUNITY ASSESSMENT** to gather information on child and family well-being in the community, barriers to using the current service delivery system, gaps in existing community services, and other related reform efforts.

Partners **DEFINE A SHARED VISION AND GOALS.**

The collaborative **DEVELOPS A MISSION STATEMENT AND BEGINS TO ESTABLISH ITS PLACE IN THE COMMUNITY.**

Partners **REFLECT** on their work and **CELEBRATE** their accomplishments.

Milestone: Developing a Base of Common Knowledge

"The hardest part of collaboration is having people from diverse backgrounds learn to trust each other."

Cynthia Marshall
Cities in Schools

In the most effective collaboratives, partners take time to understand each other's systems and explore their differences. Partners with limited knowledge of each other's organizations often rely on stereotypes and misconceptions to fill in the blanks. To avoid misunderstanding, partners must develop a base of common knowledge. This requires learning about each other's services and resources, goals, objectives, organizational cultures, and working constraints. Developing common knowledge also means understanding personal differences and working together to achieve small victories.

Learning About Each Other

If partners are to work together effectively, they must know what services and resources they bring to the table. Partners must understand the policies and regulations that constrain each organization and the language each uses to discuss its work. Partners need to share information that will help others understand:

- Their organization's mission;
- The policies, rules, and procedures they must follow to deliver services;
- Where their money comes from and how they can use it;
- How they measure and define success;
- The terms, phrases, and acronyms they use routinely;
- How their organizations are staffed and the extent of each partner's authority, including formal and informal decisionmaking power and ability;
- Internal communication patterns (who communicates with whom and how);
- Their allies, supporters, and competitors;
- Previous experience with collaboratives and their feeling about them;
- What they have to offer a collaborative; and
- How collaboration might affect them, positively or negatively.

Talking candidly about these issues builds trust and allows partners to plan realistically. As the collaborative moves through the five-stage process, knowledge-building should continue at all levels of each partner organization. The opposite box contains some suggestions on

How To Learn About Each Other

- Hold meetings at each other's organizations to give people a sense of the scope of the collaborative.
- Plan visits to programs operated by partners. Make sure the visits are more than just quick walk-throughs. Take time to talk about what you learned; seek out differing observations and questions.
- Ask partners to discuss their perceptions of each other's organizations. Then have partners describe their own. Begin to separate fact from stereotype.
- Have everyone draw a simple picture of how they see their organization's position in relation to the community, families, and other partners. Discuss the variations and their implications.
- Describe how children and families receive services in each organization.
- Make an "alphabet soup." Have partners list acronyms and key phrases they use daily and define them.
- Set a "no-numbers/no-letters" rule to encourage the use of words instead of shorthand terms that few people understand.
- Arrange for day visits between organizations to create knowledge, trust, and commitment among line staff.
- Use qualified trainers to run workshops on team dynamics, prejudice reduction, and conflict management.
- Use social activities to promote different kinds of conversations and alliances.

Developing Common Knowledge

In Fort Worth, Texas, partners in the Collaborative Leadership Development Program came to a common understanding of the issues they were tackling as they built working relationships with each other. The collaborative includes about 20 leaders from the city, county, school system, hospital district, United Way, and local chambers of commerce. They selected children's health as an initial issue around which to explore possible collaboration. To allow partners to explore the issue, the collaborative's cofacilitators organized several panel discussions and a series of site visits over 6 months. For the field experience, partners divided into teams of three, each visiting one or two sites. They visited a local public high school for pregnant teenagers, a community center, a community partnership health clinic, a public health clinic, a Planned Parenthood office, and two hospitals. They talked with clients, managers, and workers at each site. By the end of the process, the partners had built a base of common knowledge that they used to develop a framework for children's health and proposals for pilot projects.

According to cofacilitator Mya Coursey, "By the time they got around the table to decide what needed to be done, it was sort of anticlimactic. There was so much commonality of understanding. . . . It was a lot smoother than it would have been if we had just sat down and tried to do it at the beginning." Along the way, the group also developed new bonds. "As they learned together and talked about things where they were not confronting one another on some decision, I think they learned to trust each other more," says Coursey.

how administrators, teachers, community activists, business leaders, parents, and other partners can learn about each other.

Managing Personal Differences and Resolving Conflicts

"If two people respect one another, they can make things work. That's why agencies interested in doing collaboration need to do some heavy-duty work on interpersonal relations and conflict resolution."

Linda Kunesh
North Central Regional Educational Laboratory

In addition to understanding differences in organizational assumptions and principles, partners also need to understand how individual personalities, beliefs, and behavior will affect the collaborative. Personal attitudes and social philosophies vary widely from person to person. These differences can be divisive, especially when they involve race, ethnicity, and poverty. Partners should not avoid conflict or paper over disagreements that result from these differences in an effort to reach a quick consensus. Instead, they need to understand—and respect—each other's perspective. They need to find ways to work through disagreements in positive ways and to be unconditionally constructive. Doing so is essential if the collaborative is to make difficult decisions about how to use limited resources and how partners must change to improve services for children and families. The struggle to resolve conflict constructively builds strength and credibility and contributes to a critical sense of ownership and common purpose.

Workshops on reducing prejudice and managing conflict can create a safe environment for discussion, help partners understand their differences, and build trust. These payoffs do not come without some risk. Because individual feelings and the collaborative's success are at stake, partners should plan such activities carefully.

A strong, highly experienced facilitator is important. Whether the facilitator is a member of the collaborative or is an outsider, the choice should be acceptable to

everyone. When selecting a facilitator, partners should look for:

- A reputation for impartiality;
- Strong knowledge of group process;
- Meeting management skills;
- Knowledge of and experience in education, human services, and related community activities; and
- Flexibility to adapt activities to changing needs and requirements of the collaborative.

Achieving "Small Victories"

Throughout Stage Two, achieving "small victories"—accomplishments that demonstrate the potential power of the collaborative and its ability to act—can keep enthusiasm and a sense of progress high while the group plans its strategy to meet long-term goals. By working to create interagency resource directories, glossaries, and training, partners can add to each other's common knowledge. For example, staff members of partner agencies can work together to develop a *community resource directory* that lists available community services and eligibility requirements. This useful tool for frontline staff increases activity across agencies and serves as evidence that collaboration can work. Developing a directory that describes services other than those offered by existing partners and distributing it widely throughout the community can help interest other organizations in the collaborative. As noted in Stage One, it is important to cast the widest net possible so every segment of the community is involved.

An *education and human services glossary* that defines key terms used in various categories of service offers another opportunity for tangible success. Once again, making copies of the glossary available within the collaborative and the community contributes to the visibility of the collaborative and its perception as a "can-do" entity.

Interagency training—in which workers from different agencies attend inservice training events in each other's organizations or attend jointly designed training—is another area in which partners and their staff can both reap and build the benefits of collaboration. Establishing a shared training agenda improves frontline service delivery by building a network of workers who know each other and how to take advantage of each other's services and resources. These efforts set the stage for more extensive efforts to design interdisciplinary undergraduate education and preservice professional development.

While developing a community resource directory and glossary or engaging in interagency training can help partners gain trust in working with one another and provide valuable information, such activities

Learning To Be Unconditionally Constructive

Being unconditionally constructive encourages the other side to act constructively in return. Here are some key points for partners to remember:

- Think about responses and actions rather than reacting to emotions.
- Try to understand the situation from the other person's perspective.
- Communicate clearly and briefly. Do not monopolize center stage.
- Listen carefully and ask questions to clarify (not to attack) the other person's position.
- Keep an open mind and look for potential points of agreement.
- Do not ignore hostile actions, but consider how to use the conflict constructively.

represent relatively small victories. A collaborative must be careful not to become so involved in these efforts that progress is delayed on more difficult, and perhaps more controversial, goals.

Milestone: Conducting a Comprehensive Community Assessment

In addition to learning about each other, partners constructing a profamily system of integrated services need to know how families fare under the current system and how effectively community services meet their needs. A comprehensive community assessment provides this information.

Because of the costs involved in designing, administering, and analyzing assessment protocols, the extent and technical sophistication of community assessment strategies vary widely. All assessments, however, should answer five questions:

- What are the needs of children and families, and how well are local agencies meeting those needs?
- How well are children and families doing in our community?
- How do consumers and providers view the system?
- What services exist, and what gaps and overlaps make it difficult for children and families to get needed help?
- Are other reform initiatives that focus on child and family issues underway, and how can their efforts be linked?

Identifying Indicators of Child and Family Needs

A growing number of locations are developing community audits and profiles of

Indicators of How Children and Families Are Doing

The following indicators are some of the ways to measure the status of children and families. Whenever possible, these indicators should be broken down to show differences according to age, sex, household composition, income, and ethnic and minority group membership.

- Poverty rate;
- Literacy or basic skills level;
- Primary grade retention rates;
- Student mobility rates;
- Chronic absenteeism rates;
- Percentage of 9th-grade students who finish the 12th grade on time;
- Percentage of college-bound high school graduates;
- Immunization rates for young children;
- Percentage of babies with a low birth weight;
- Reported and substantiated cases of abuse and neglect;
- Number of foster care placements;
- Number of people on day care waiting lists;
- Number of new and reopened Aid to Families With Dependent Children (AFDC) cases;
- Youth unemployment figures;
- Juvenile incarceration rates;
- Voter participation rates;
- Housing mobility rates; and
- Percentage of substandard housing.

child well-being to help answer these questions. Seventeen states plan to complete state and local analyses of child well-being by the end of 1993 as part of the Annie E. Casey Foundation's KIDS COUNT initiative.

In most communities, census reports, school and agency records, vital health statistics, and studies and surveys conducted by civic and educational organizations, newspapers, and state and local planning agencies can provide abundant data on the status of children and families and the effectiveness of current service delivery efforts. A committee of the collaborative, working with staff support and technical assistance from a local university or local research organization, can use these data sets to establish multidimensional city-, county-, region-, or state-wide profiles of children and families. Ideally, these profiles should show variation by age, sex, and ethnicity. They also should provide enough information to show trends over time in each community's racial, cultural, and language diversity; mobility; and other factors that will affect interagency planning.

The most comprehensive profile will use multidisciplinary and intergenerational indicators to convey the status of children at key transition points from birth to adulthood. The profile should provide information on health, education, family sufficiency, child care, employment, mental health, and other areas. Because this information will eventually be used to help the collaborative set goals for improving systemwide service delivery, the indicators should reflect the focus of all partner agencies, not just some of them.

One collaborative designed its assessment strategy by reviewing a specific child's experience with school failure, sexual abuse, premature pregnancy, homelessness, and other problems. They then asked, "How many other children like her are there in our community?" The collaborative compiled local information on 12 indicators to answer the question and measure the scale of problems facing the community. The individual child's experience put a human face on the statistics and helped the collaborative understand the connections among the problems children and families have to confront.

Drawing up a chart to show how the community is doing on selected indicators (with blanks left to indicate information that is not being collected but should be) has several uses. First, it powerfully depicts the extent to which children are at risk. Second, it demonstrates that a wide variety of organizations and agencies share

Using a Community Profile

In developing its "second phase" plan to chart a new direction, the Youth Futures Authority (YFA) in Savannah-Chatham County, Georgia, relied heavily on a comprehensive citywide study that analyzed 12 neighborhood service areas. The study used 39 indicators ranging from teen pregnancy to homicides to substandard housing. Plotting occurrences of each indicator on service area maps showed that Service Area C in the central city led in all but three indicators. In planning its services for the fifth year of an Annie E. Casey Foundation New Futures grant, YFA decided to focus on services in Service Area C neighborhoods.

At the request of the YFA, the city also plotted the homes of those students currently served in New Futures schools on the service area maps. This presented convincing data for targeting Service Area C. "Now we don't have to waste time taking a shotgun approach," says Otis S. Johnson, executive director of the YFA. "We have a better understanding of where the problems are."

responsibility for child and family well-being. Third, it provides baseline information against which future progress can be measured. A community profile can serve as:

- An internal planning document to help the collaborative partners set priorities and establish accountability for improving selected outcomes;
- The basis to publish an annual report calling attention to child and family issues in the community and holding members publicly accountable for their actions; and
- Documentation to use in funding proposals.

Unfortunately, the current system of services is not designed to collect information on child and family well-being. Profiles often list only the problems facing young people rather than generating a complete picture of what children and families need to succeed.[1] It is this later picture that must be developed if a widespread vision of a profamily system is to take root. Considerable research is being conducted to develop the technical capacity necessary to identify and measure this multidimensional concept and to help communities select and combine the most appropriate measures.[2] Despite the limitations in currently available data, however, child and family profiles remain an important way to help collaboratives focus their efforts and build a sense of public accountability for what happens to children.

Conducting Focus Groups, Surveys, and Site Visits

Families receiving or needing services, frontline human service workers and educators, and supervisors in service provider agencies can speak from first-hand experience about the effectiveness of the current service delivery system. Partner organizations can tap these sources of information through community meetings, focus groups, surveys, and site visits in the community. Together, the feedback will create a comprehensive picture of the quality of service delivery.

Discussion Questions for a Service Provider Focus Group [3]

Purpose: To discuss child and family needs and the barriers within agencies that make it difficult to meet those needs.

- Why do families need the service your agency provides?
- Describe the barriers that families may encounter when they attempt to obtain services from your agency. For example, language difficulties may prevent clients from communicating their needs.
- What barriers does your agency experience that keep it from effectively providing services to these families? For example, some agencies might have strict rules on the documentation required before providing services.
- What has been your experience in working with other agencies to provide services to these families? Have you experienced any barriers to working collaboratively? Please be as specific as possible in identifying bureaucratic problems.
- If you could change one specific policy or procedure in your agency to improve services for these families, what would it be?
- What activities, policies, and procedures are working well at your agency?

Discussion Questions for a Consumer Focus Group

Purpose: To discuss the needs of children and families and the problems they experience in getting help they need.

- What services do you and your children need most?
- What problems or barriers do you experience when you attempt to obtain services?
- Describe your most positive encounter with a service delivery agency.
- Describe your most negative encounter.
- If you could change one aspect of the present service delivery system, what would it be?

The results of this data collection effort will depend not only on the quality of the design, but also on the willingness of the respondents to speak candidly. Partners should assure employees and consumers that their comments will be kept confidential or used without attribution. Above all, respondents must know that expressing negative views will not affect their jobs or the continuation of services. Encouraging community residents to participate may require special outreach to all members of the community. Collaboratives may do this by offering child care, providing transportation, or selecting a neighborhood meeting location that helps them feel more comfortable.

Mapping Community Services

A comprehensive community assessment also must ask what services exist and where there are gaps and overlaps in what families need. Partners can use a grid to summarize the services that partners and other agencies, churches, civic groups, and businesses provide to children and families throughout the community. Grouping the information into categories (for example, prenatal health care, youth development, or employment and training) can show the areas of need in which organizations provide similar services. A grid should chart available services, but it also should show gaps in services by identifying prevention, support, and specialized services that should exist but do not. In its final form, a grid illustrates the range of services in the community and highlights areas needing additional resources.

Correlating Services and Needs

A grid developed by the Community Planning Project (CPP) in Pima County, Arizona, for the Tucson Community Foundation charted the services of 84 agencies that provide prevention services in school, parent, and preschool programs; recreational, interpersonal, and educational activities; and substance abuse programs. The CPP also developed a methodology to determine the extent to which agencies provided services to children and families in high-risk neighborhoods. The project asked agencies to provide data on the people they served by geographic area. By cross-referencing this information with at-risk characteristics of families in the same area, the project determined that "children in two of the highest risk factor areas . . . are receiving substantially fewer programs than children living in other parts of the county . . . and fewer parents of at-risk children are able to be reached by limited programs aimed at developing parenting skills and enhancing nurturing abilities."[4]

Identifying Other Community Reform Efforts

Finally, a comprehensive community assessment should identify other significant public or private reform efforts focusing on child and family issues. Each reform effort has an agenda for the community that the collaborative should take into account as it develops its own plan of action. In many cases, potential connections already exist; for example, collaborative members may sit on the boards of other reform efforts. Collaboratives need to realize the important liaison function these partners can play and use these connections to foster joint planning and action. Collaboratives operating in isolation from related reform efforts lose out on the political and financial connections the latter may have to offer. Even worse, not working together fragments the current service system even further. As the number of collaborative ventures grows in a community, it is essential that partners do not allow turf issues and categorical boundaries to divide reform efforts.

Milestone: Defining a Shared Vision and Goals

"A vision is a clear picture of what you hope to create."[5]

Judith Chynoweth and Barbara Dyer
Governors' Policy Advisors

By this point, the collaborative should have considerable data to show how well the current system of education and human services works for children and families. Even so, each partner is likely to have a different idea about what is wrong, what factors cause the problem, and what needs to be done. Clearly, this is a critical juncture.

An important milestone in building ownership is reached when partners define a shared vision of what a better system would look like and craft a statement of goals that incorporates the most important concerns and problems of all the players. Partners will need to ask hard questions to define their vision. The collaborative may wish to engage a third-party facilitator in this process.

Learning From Others' Experiences

Although the collaborative needs to develop its own vision, partners should learn from others' experiences in designing effective services and service delivery systems. Expert advice and research knowledge is often an invaluable aid as partners prepare to design their own blueprint for family success. Formal help from consultants can help partners think beyond the borders of their own experience and avoid mistakes others have already made.

Reading about, visiting, and talking with people collaborating in other communities about their successes and failures are also cost-effective ways to keep enthusiasm high and to put the difficulties of collaboration in perspective. Various clearinghouses and resource centers on collaboration exist, and they can help partners contact groups in other communities involved in similar efforts. (See Appendix B, the Directory of Key Contacts and Organizational Resources, for a list of specific resources.)

Asking Hard Questions

"To build a clear vision we must be willing to ask the hard questions about what children and families want and need."

Margaret Beyer
Psychologist

The actual process of defining a shared vision begins by asking partners with a wide range of organizational perspectives, ethnic and racial backgrounds, and political and philosophical orientations to envision a different future for youth. In contrast to superficial agreement that children must be more successful, partners must come to a working agreement on what is wrong with

the current system and what an improved system would look like. Questions such as these below are too rarely asked in a service delivery system driven by a categorical program, rather than by family needs.

- What economic, social, political, and personal factors help children and families succeed?
- What barriers put children at risk?
- Whose responsibility is it to ensure that children succeed in school and in the job market?
- What populations have been excluded from participation in services? Why?
- What barriers have made it difficult for some populations to participate?
- Is it possible to design a more responsive service delivery system to overcome the barriers to success? What should it look like?

Drawing on their organizational and personal viewpoints and community assessment data, partners should fully discuss these questions and the issues they raise. The discussion should continue over time in the full collaborative and in small groups or committees developed to address specific topics. In the course of the dialogue, partners need to remember the rules for resolving conflict constructively and take care to clearly state assumptions and define terms. General terms such as "early prevention" and "family support," for example, can mean different things to different people. Clear language at this stage prevents confusion and conflict in later design and implementation stages.

Forging a Shared Vision

Based on their dialogue, the partners now can write a **vision statement.** The vision should build on the unifying theme developed in Stage One and define the essence of the collaborative. It should knit together the personal and organizational visions of individual partners to create a larger shared vision. Building a shared vision has been described in this way:

> "Visions that are truly shared take time to emerge. They grow as a by-product of interactions of individual visions. Experience suggests that visions that are genuinely shared require ongoing conversation where individuals not only feel free to express their dreams, but learn how to listen to others' dreams. Out of this listening, new insights into what is possible emerge." [6]

A shared vision to which partners are truly committed is the key to the collaborative process. It provides a reason and rationale for joint action to parents, neighborhood leaders, elected officials, and other key actors in the community. A vision statement is the collaborative's view of what child and family outcomes should be. For example, the vision statement of the Youth Futures Authority in Savannah-Chatham County, Georgia, declares: "Every child will grow up healthy, be secure, and become literate and economically productive."[7]

Milestone: Developing a Mission Statement and a Community Presence

"We continue to work to gain and sustain community acceptance of our mission."

Otis S. Johnson
Youth Futures Authority

With vision statement in hand, the group is ready to define its mission and its relation to other decisionmaking entities in the community. A **mission statement** specifies a collaborative's role in realizing its vision. A carefully crafted mission statement includes the collaborative's goals and its responsibility for planning and setting priorities, allocating resources, and

maintaining accountability for outcomes. New Beginnings in San Diego, for example, describes its mission in this manner: "To bring about change in the policies, procedures, and funding streams of community institutions needed to enable the youth of our community to become productive, competent, and self-fulfilling adults."[8] A mission statement also should suggest how partners plan to engage and complement the efforts of existing community institutions and reform efforts.

Partners now can begin to act on their vision and mission in the community. If the collaborative includes the right partners—those who have a stake in improving outcomes and those who control needed resources—and if they have kept their own organizations informed and involved, then it should enjoy communitywide support. However, requesting and obtaining a formal endorsement of the collaborative's vision and mission statement by the governing board of each organization can greatly strengthen the commitment of these organizations and enhance visibility in the community.

Landmines To Avoid

- Acting before partners establish a sense of trust and ownership in a shared vision.
- Losing momentum by not knowing when it is time to move on. Building a base of common knowledge, for example, can continue as the process moves forward.
- Failing to celebrate the trust, ownership, and shared vision that have been built.
- Avoiding conflict and papering over disagreements in an effort to reach a quick consensus. A critical sense of ownership and common purpose grows out of the struggle to use conflict and differences of opinion constructively.
- Not seeking input from consumers when conducting community assessments.
- Compiling indicators that do not reflect the performance of all the partner institutions.
- Achieving only compliance with the vision, rather than commitment to the realization of a shared vision.

Milestone: Reflecting and Celebrating

At this point, partners need to pause and take stock by reflecting on what they have learned in Stage Two.

- What broader lessons can be drawn from building a base of common knowledge? What are the implications of these lessons for building a profamily system?
- What did the collaborative learn from the process of building a shared vision? What was hard? What was easy? How can partners apply that knowledge within their own organizations?
- Does an environment for truly open and honest dialogue exist? What additional steps can the collaborative take to ensure such an environment?
- What do partners know about engaging elected officials in the work of the collaborative? What additional steps might the collaborative take to secure their support?
- How can partners use the data that has been collected about children, families, and the system that serves them to pursue the goals of the collaborative in the larger community?

Celebrate the shared vision.

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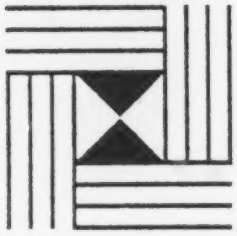
Chapter 6

Developing Relationships with School Staff and Students



The relationship between schools and school-based health centers can be characterized as a partnership, though the depth of the partnership varies considerably. Contact between school and SBHC staff ranges from almost none to biweekly participation of health center staff in school meetings. Although some sites have developed supportive and complementary roles for school and SBHC staff, others grapple with ongoing tensions and, in a few cases, outright antagonism. Many fall somewhere between these extremes, receiving strong support from a core group of teachers and administrators and relative indifference from the rest.

The most important constituency for an SBHC is the student body. School-based health centers must attract students to accomplish their objective of providing comprehensive health care. The health centers in this study used various methods to let students know that SBHCs are useful and safe places. The sites shared some common experiences in their efforts to engage students, and some also tried unique approaches.

This chapter describes the strategies health centers employed to develop productive relationships with school staff and students. Some practices resulted from decisions made before the SBHCs began operations, while others emerged over time as the health centers became more established.

Confidentiality

At the start of the initiative, both professional ethics and a Foundation-imposed requirement resulted in strict adherence to confidentiality standards for all student-specific concerns, presenting conditions, and treatments. Maintaining confidentiality was of paramount importance in getting students to recognize that health center staff could be trusted. They learned that *anything* said or done at the health center was a completely private matter.[37]

This word spread among students as they talked about their experiences, and the promise of confidentiality became one of the health centers' most effective marketing tools. In our interviews, students repeatedly stressed the importance of confidentiality. The following comments were typical:

- "Whatever you say in here [the health center] stays here. No one tells anyone else what your business is."
- "You can really trust the people. They respect your right to privacy."
- "When I told a friend of mine to come here, I told her that [the nurse practitioner] wouldn't tell anybody else. It's not like the teachers—they talk all the time about everybody."
- "I know I can come and ask anything I want. No one laughs at me, and I know they're not going to tell people how stupid my questions are."

Some health centers struggled with the issue of maintaining confidentiality. Because their patients are adolescents and because they deliver services in a school, staff faced pressures from administrators and teachers to share information. SBHC staff discovered that the confidentiality requirement, while reflective of their own professional beliefs

37 Staff are obligated to report instances of suspected physical or sexual abuse to authorities. In these situations, they act in accordance with state law or accepted medical procedure.

and of enormous value in earning the trust of students, hindered relationships with the school. Teachers and faculty grew angry or disturbed when they tried to learn about a student's condition and were turned away. A nurse practitioner said, "In a typical case, a teacher—let's call her Mrs. Smith—would observe a student's behavior or hear something through the grapevine, then refer that kid to [the health center]. Mrs. Smith would stop by later to find out what was wrong with the kid. We'd have to respond in a way so that she didn't even learn if the student *came by*, much less what the problem was." Staff believe a few teachers asked questions because they were nosy, but most expressed interest out of concern for their students.

As it turns out, practicing strict confidentiality from the start of SBHC operations built trust. Students came to believe in the health center staff as people who kept their confidences. Teachers and administrators learned that asking for information would lead nowhere. After the confidentiality policy was firmly understood, however, health center staff developed ways to facilitate communication. Over time, they became creative in finding ways to share information—*always* with the student's explicit permission.

Slowly, health center staff began encouraging students to talk to teachers. In several cases, students wanted particular teachers to know what was going on in their lives but were too reluctant or uncomfortable to talk with them. In these cases, health center staff offered to act as a go-between. This interaction benefits not only students and teachers, but also health center staff as they develop closer ties with school personnel.

Finding Ways to Communicate

Several social workers described incidents similar to the following, which a counselor in one health center reported:

One science teacher really cared about Joe [a particular student]. He knew there was some serious trouble in this kid's life but didn't know anything more than that. Joe left his class several times to come to the clinic. The teacher came to see me and asked to talk. He really wanted to know if Joe was all right, if there was anything he could do, if he should treat Joe in any particular way. The next time I saw Joe, I told him how much [the science teacher] cared about him and that he had talked to me. I suggested that Joe go talk to the teacher and let him know that, yes, he was dealing with some pretty heavy stuff and he was getting help. Joe did that. I was pleased. [The teacher] heard what he needed to hear and Joe experienced a new form of communication.

The practice of informing school administrators, when appropriate, about individual students' problems also emerged over time. Because school principals are held responsible for everything that goes on in their buildings, many of them believe they should know about everything that occurs in their health

Maintaining confidentiality was of paramount importance in getting students to recognize that health center staff could be trusted.

centers. SBHC staff must balance competing interests and needs of both students and administrators, while protecting student-specific information. They usually come down heavily on the side of student confidentiality but respond to demands for information in a very limited set of circumstances.

Staff have always encouraged students to talk with their parents, and they help facilitate the communications process.

The issue of maintaining confidentiality with parents differs from maintaining it with teachers or administrators. Because parents signed a consent form allowing their children to use the health center, they know, at least implicitly, that their children are receiving services.[18] Beyond that, most SBHC staff strongly believe in parental involvement with children's health care.

From the start, health center staff have routinely contacted parents about their children's medical needs. For students who need services outside the SBHC, such as x-rays or sophisticated lab work, the primary medical provider usually telephones a parent while the student is present or sends a written message home with the student. No staff could recall any students objecting to this sort of parental notification, although some worried that their families might face additional anxiety over medical problems or finances.

Confidentiality versus Sharing Information

A nurse practitioner explained the balancing act this way:

Sometimes a student gets injured or sicky and the paramedics are called. Because he's responsible for the kids, the principal asks me what's going on. I figure the principal sees the ambulance arrive, so he knows the kid has a problem. In these case, when I tell him the kid is being taken to the hospital, I'm not telling him anything he hasn't figured out.

In other cases, however, staff maintain total privacy. This is particularly true when students experience personal difficulties. The nurse practitioner continued:

Sometimes a kid is having trouble in school because her momma's boyfriend tried to come on to her or because her momma's not been home for days and she's taking care of her brothers and sisters. If that kid doesn't want anyone to know, we just don't tell. That means nobody *knows—even [the principal].*

Staff have always encouraged students to talk with their parents, and they help facilitate the communications process. For example, a student was afraid to tell her mother that she was pregnant. The nurse practitioner helped the student rehearse several conversations, but the student was unable to begin a dialogue with her mother. The nurse practitioner kept encouraging the student, but to no avail. She finally called the student into her office and told her she wanted to telephone the mother to let her know

18 Interestingly, staff could recall few inquiries from parents, unlike teachers, very rarely a mother or father might call to find out if a child had visited the health center recently, usually because the parent suspected drug use or sexual activity. More often, but still unexceptionally, a parent would telephone and ask the caregiver to invite a child into the SBHC (almost always because the parent was concerned about nutrition or birth control).

that her daughter needed to talk. The student agreed. With the student present, the nurse called the mother and said, "Your daughter has something she needs to tell you, and she'd like to talk to you when she gets home from school." The mother replied, "Is she pregnant?" The nurse put the student on the telephone and left the room.

Psychosocial health needs, as opposed to medical ones, require a different approach to parental involvement. Often, the family is the source of the student's problems, such as when a family member drinks heavily or uses controlled substances, neglects a child's emotional needs, or abuses a child physically or sexually. In these cases, staff follow professional standards and state laws on reporting the matter to appropriate authorities. When appropriate and desired by the student, health center staff attempt to discuss the issue with a parent or other family member.

In contrasting psychosocial with primary medical care problems, staff reported they were much less successful in obtaining interest and cooperation from parents in the former. They also stated that students were far more reluctant to involve the family in psychosocial areas.

Working with School Health Staff

Some school nurses and social workers had concerns about the presence of a school-based health center.[39] Several SBHCs are in schools employing full-time school nurses, and both school nurses and SBHC staff experienced tensions because of job security, confidentiality, and liability.

At some sites, school health staff are threatened by the SBHCs. Already concerned about budget cuts and reductions in school-funded health services, these school nurses and social workers resent privately funded, nonschool staff who are not only qualified to do their jobs but also free to do more, because they are not restricted by school budgets and are subject to a different set of liability concerns.

Different philosophies and legal requirements for confidentiality can lead to conflict between school and health center staff. At several places, school nurses or social workers resent the health centers' confidentiality requirements: although a nurse may not be informed about a particular student's condition, she is responsible for anything that happens as a result of that condition while the student is on school grounds. For example, a school nurse was distressed to learn only after a suicide attempt that a student had been seeing the health center's social worker because of depression and thoughts of suicide. The nurse felt strongly, both for personal and liability reasons, that she and the student's parents should have been informed about the depression. The health center's reluctance to share information with her was due not to legal restrictions—the

Different philosophies and legal requirements for confidentiality can lead to conflict between school and health center staff.

39 Many schools in this study no longer employ full-time school nurses, social workers, or psychologists; these concerns were not an issue in such schools. These positions were eliminated as a result of school district fiscal cutbacks, not because of the presence of an SBHC.

parental consent form at this site includes a clause allowing staff to share information with school health staff—but rather to philosophical differences about parental notification.

At another site, SBHC staff must inform the school nurse of all students who have positive pregnancy tests, even if a student intends to terminate the pregnancy. Reportedly, the school nurse needs this information to excuse students from gym class and to discuss prenatal care. This nurse also distributes the names of pregnant students to faculty, presumably so they can treat students accordingly and immediately respond to any health needs. Health center staff are gravely concerned about violating confidentiality ethics and standards. They are discouraging female students from asking for pregnancy tests (they freely suggest other locations) and telling them that their names must be passed on to the school nurse if a test is administered and the results are positive.

Health centers that have fostered productive relationships between school health staff and SBHC staff treat school personnel as full members of the team.

SBHC staff and students view confidentiality as critical to attracting students and establishing trust. At every site, students mentioned how important it was that health center staff did not inform their parents or teachers of a health or psychosocial problem without permission. Regardless of personal and professional beliefs, however, school health staff must consider liability in their confidentiality decisions. Working through both legal and philosophical differences between staff from two different cultures has been time-consuming and difficult. When conflicts are based more on personal beliefs or institutional policies than legal constraints, the problems are particularly intractable. Two sites that experienced philosophical conflicts resolved them only by reassigning the school nurse in one case and virtually excluding the school social worker from the SBHC in another.

At times, tensions arise more from lack of knowledge or sensitivity than from differences in professional standards or duties. Several health centers managed to work through these misunderstandings and develop productive relationships with school health staff by building on the inherently complementary aspects of their roles. For example, the school nurse performs the triage function, handles immunization records, and serves students not enrolled in the SBHC; the health center is an on-site referral. At one school, the school nurse can spend more time on health education, which she enjoys, because the SBHC staff treat illnesses and injuries. At another site, the school social worker performs a triage function for psychosocial services and continues to handle tasks not suited to the health center, such as child welfare cases. She appreciates the SBHC's presence because she can refer students who need ongoing counseling, a service almost nonexistent in the community.

Health centers that have fostered particularly productive and complementary relationships between school health staff and SBHC staff treat school personnel as full members of the team. Their offices are in or very near the health center, and they participate in all staff meetings and activities.

The evolution of these relationships has not always been smooth, however, and has required considerable effort on the part of health center and school staff. At one site, the original school nurse was hostile when the school health center opened because she had been left out of the planning process. She retired after a year of open conflict, and the school hired a new nurse willing to work with the health center. The school social worker was similarly excluded but recognized the center's potential benefits. She worked to improve the relationship and encouraged the SBHC staff to be more sensitive to school health staff concerns.

The persistent exclusion of another school's nurse (who was initially supportive of SBHCs) from health center operations and meetings led to severe troubles that were resolved only after painful confrontation. The health center and the nurse have since established mechanisms to communicate and collaborate regularly. The nurse attends all health center staff meetings and is pleased that she can refer students for medical care on campus, rather than sending them home.

Classroom Instruction

Staff at every school-based health center provide classroom instruction, often at the request of teachers. They give presentations and lead discussions about a range of health-related topics, most commonly sexually transmitted diseases and AIDS, sexuality and family planning, substance abuse, stress management, decision making, and self-esteem. Health educators provide classroom instruction most frequently, offering from one to several talks each week. Nurse practitioners, physician assistants, physicians, and social workers also give occasional presentations.

Staff at several SBHCs developed special programs that take a different approach to health education than more traditional instructional methods:

- The social worker at one health center developed a program for students to discuss communication skills, decision making, problem solving, self-esteem, relationships, aggression, violence, and anger (see Chapter 3). Teachers release participating students from one class each week for 8 to 10 weeks.

Staff at every school-based health center give presentations and lead discussions.

- Three other centers founded student improvisation groups to perform skits about decision making and problem solving. The skits incorporate various issues teenagers face, such as substance abuse and sexuality, and invite students to advise characters confronting tough situations.

- At another site, a social worker teaches week-long courses on a particular topic, such as sexually transmitted diseases or family planning, to freshmen in health and physical education classes.

Campuswide Events

Because of their staff's health expertise, SBHCs are a resource for school health fairs and health awareness initiatives. Staff provide ideas, screenings, literature, and access to community agencies. Several health centers coordinated schoolwide health fairs and provided all students with free screenings, including blood pressure, vision, and weight

checks, to assess health status. At one school, students who were screened received a green, yellow, or red sticker based on their risk level. The health center staff called all students with red stickers for follow-up. Another school hosts an annual health week, with a different theme every year. This year's theme was sports and cardiovascular fitness; past topics have included nutrition and eating disorders and mental health. SBHC staff give presentations, check students' blood pressure and weight, and administer a survey on topics relevant to the theme.

School health centers are unofficially available to faculty for minor services.

Other SBHCs have organized school-wide awareness projects on AIDS, violence, and other topics. Staff at one health center conducted a "Save Your Sweetheart" antismoking campaign on Valentine's Day. Another health center organizes brief health-related activities similar to public service announcements or media events, publicizing selected health issues. For the annual Great American Smoke-Out, this SBHC coordinated efforts with the school, brought in a disc jockey, and passed out pamphlets and stickers.

Medical Services for Faculty

In addition to providing health services for students and offering classroom instruction and health-related events on campus, school health centers are unofficially available to faculty for minor services such as weight checks, blood pressure screenings, and treatment of minor injuries incurred on campus. Most health centers report only a handful of such cases each month, but the physician at one health center said, "It's worse than being at a family wedding. [Faculty] spill their guts. They refer one another to come in. They come to find us and seem to have a sixth sense about when there's a lull in the clinic." Despite the perceived "covert" nature of these services (staff tend to whisper about them), SBHC staff view responsiveness to the faculty's minor health needs as important for developing good relationships with school staff.

Health center staff also answer faculty questions on topics ranging from the potential effects of a student's health problem to the risk of AIDS transmission from contact with an infected student. In addition, they conduct in-service workshops on health-related subjects. Staff from one health center help faculty by volunteering as chaperons for student events. School staff (and students) appreciate those willing to share such responsibilities.

Faculty Meetings and School Crisis Teams

Staff at a number of school-based health centers participate in faculty meetings. The manager and nurse practitioner or physician assistant are the most frequent participants in faculty meetings; at a few sites, a social worker or medical assistant occasionally attends. Some SBHCs' representatives go to faculty meetings regularly, but most attend once in a while to present information about the SBHC and answer questions.

Social workers at a number of health centers are part of school crisis teams. For the most part, meetings are infrequent, and their purpose is general planning rather than responding to a specific student's problems. In two

schools, however, SBHC staff participate in two or three meetings each week to discuss strategies for assisting individual students with serious disciplinary troubles, academic problems, or special education needs.

Responding to Emergencies

Unfortunately, all school-based health centers can expect an emergency at some point in their operations. Those in this sample have treated victims of drive-by shootings, stabbings, and other violent acts. They have also tended students injured during gym class or athletic team practice. School staff were unanimous in expressing their gratitude for the rapid services SBHCs have provided.

When an emergency occurs, students see the quick response of the health center staff, which reassures them because help is available. They value the presence of on-site services. The students' impression of the health center as a safe haven is important during these crises, because it provides a place for students to cool off, find refuge, and talk with trained listeners.

Because of ties to the medical community, health center staff can tap outside resources when necessary. In one tragic case, a student was stabbed in a school and brought to the health center, where he died. The nurse practitioner, physician, and social worker recognized that intense, immediate effort was required to prevent further trauma. Together with the school staff, they organized a student assembly and brought in a team of advisers trained in grief counseling, who fanned out among the students and talked with them in hallways, classrooms, the cafeteria, and the health center. Over the next several weeks, students flowed in and out of the SBHC.

Although an SBHC's role in emergencies may seem obvious, crises have placed some centers in difficult positions. At one center, staff were called to the gym to assist an injured student. They could do little for the student because the SBHC is not equipped with emergency medical equipment for moving injured students, and staff are not trained emergency medical technicians. However, this health center gets several calls a week asking staff to come treat a student who is ill or injured, only to discover once they get there that the student was capable of getting to the SBHC. Staff are concerned because this interferes with health center operations, and medical equipment and medications are left unattended during their absence. Faced with these types of demands, health center staff must balance the importance of responsiveness with their limited capacity to serve as paramedics.

Unfortunately, all school-based health centers can expect an emergency at some point in their operations.

Students Working in the Health Center

Several health centers have student workers. They serve as clerks, runners to get students from class, and peer counselors. These SBHCs decided to use student workers because other offices in the school (e.g., the principal and guidance counselors) do the same. Students either volunteer or receive class credit for their work.

Except for those who work in an SBHC, the students we interviewed do not think

it is a good idea for health centers to have student workers. Regardless of the reality, other students *perceive* the workers as having access to charts and confidential information. For example, in one center, student workers put together blank medical records for staff to use when they see patients. Those waiting to be seen or just passing through, however, see a student worker with folders that they think contain information. Given the extreme importance students attach to privacy and the extensive measures centers have taken to ensure confidentiality, SBHCs with student workers may want to reconsider the practice. Their presence also adds to the congestion in crowded SBHCs, and they require supervision by staff, most of whom have little time to spare.

Photo by Jackson Hill, Southern Lights Photography, New Orleans

At a few SBHCs, students serve as peer counselors. Some are paid; others receive academic credit. Again, the only students who favor the idea are those who are peer counselors. Some students did not understand why a center would have peer counselors. One said, "What would I see *you* [a peer counselor] for? Are you going to give me a shot?" Another said, "If I've got a problem, I'll talk to my friends. Maybe I'll come here to talk to [a counselor]. I'm not going to go around talking to just anybody."

Staff, however, pointed out the opportunity to develop a special relationship with peer counselors. In one very poor school, the health educator purposely selects four peer counselors every semester, who are balanced along racial and gender lines. Some are school leaders, while others are active gang members. He believes that the training and money they receive to be peer counselors are a good investment: "I'm touching a few of the kids here in ways they wouldn't get otherwise."

At a few sites, SBHC staff supervise adolescents who work with younger students in other schools. The teenagers act as mentors and tutors, which can be beneficial for all concerned. In addition, the adolescents and SBHC staff have an opportunity to develop a relationship.

Sports Physicals

As mentioned throughout this report, sports physicals for students are an important service SBHCs provide. At all schools in this study, a sports physical is required before a student can play on an athletic team, so there is a strong incentive to get one. Providing sports physicals accomplishes several purposes. They are a service a health center offers that benefits not only individual students,

but also the school. Organizing them provides a means for coaches and SBHC staff to work together and get to know each other. Letting students know that sports physicals are offered within the building helps promote knowledge about the health center, so they are a useful marketing tool.

What Happens when an SBHC Does Not Offer Sports Physicals

Not providing sports physicals can have adverse consequences for a health center's operations. One school continues to rely on the school nurses for them, a choice that was made to assure the nurses of their job security. The SBHC in this school serves far fewer boys than the others in our sample. Although the absence of male staff may be a contributing factor, we believe the arrangement for sports physicals is a more compelling explanation. Several students had observed only girls going into the health center and erroneously concluded that it offers services exclusively for females. The staff at this SBHC must work very hard to overcome this attitude, and they do not have the opportunity to use sports physicals to educate boys about the range of services provided.

A sports physical is an opportunity for SBHC staff and students to interact. Students are generally not ill when they receive the exams, so their visits to the health center are without the worry that can accompany sickness. The exam's content and duration encourages conversation between the student and the health provider (almost always the nurse practitioner or the physician assistant). One nurse practitioner said, "I talk and listen the whole time we're together. I tell them what I'm doing and why. We talk about the team, school, family, whatever." Discussion topics range from nutrition to sex education, from communicable diseases to family and peer relationships. A sports physical is often a student's first point of contact with the SBHC and frequently sets the tone for the subsequent relationship between center and student.

Providing sports physicals is an extremely important way to get male students into the health center.

Health center staff have uncovered a variety of problems during sports physicals. For many students, a sports physical is the most comprehensive exam they have had in the past two or more years. Staff have detected some acute illnesses, as well as more serious ones, such as asthma, heart murmurs, and anemia. Psychosocial difficulties emerge, too, as students converse with staff. The diagnoses, treatments, or referrals students receive help them view a health center as a place of assistance.

Providing sports physicals is an extremely important way to get male students into the health center, which many initially perceive as a place for females. This notion is quickly disproved by the large number of acute care services delivered, but, even then, boys are particularly hesitant to seek health care. The sports physical offers a justification for visiting the health center, one that savvy staff promptly exploit by convincing young men that they need to tend to their physical and mental health needs. They then

show students that SBHC staff are there to help them do so.

The most effective way for SBHC staff to engage students is to demonstrate respect for them.

Providing sports physicals is not without drawbacks. Staff complained that coaches are not always cooperative in anticipating needs or scheduling students. One physician assistant said, "The coach of the football team is still angry at me for what happened three years ago. He showed up here with 30 players, and wanted all of them to have a physical *right then*. He just couldn't understand why I couldn't." A nurse practitioner reported that staff sometimes cannot give students a clean bill of health and approval to play sports. She said one coach at the school refuses to accept the health center's judgment when it adversely affects a key player; instead, he sends the athlete to a doctor who manages to produce a more positive review.

Student Advisory Group

Although we found only one site with a student advisory group,[41] it warrants special attention. The purpose of the student advisory group is to include students in the health center's oversight and operations. It has around 20 members, with a core group of 8 members on an executive committee.

Members are carefully selected by the center's nurse practitioner. Of the current ones, three are young women who do not have a mother in their homes—the mothers are deceased or incarcerated. Two young men were chosen because they are particularly introverted, and the nurse practitioner thought some small-group involvement would help them feel better about themselves. Some members were picked because they are popular or school leaders, including one who will in all likelihood be his class valedictorian.

Members of the core group work extremely well together. They meet regularly, sometimes as often as weekly. Most meetings are held during a lunch period, and the medical sponsor's food preparation service donates the meals (which are far superior to anything the school offers).

The students are articulate, informed, and opinionated. They have made some good suggestions for the health center's operations:

- They requested a full-time social worker, which the health center staff had wanted all along but had been unable to secure from the medical sponsor. Armed with the students' request and aided by high-level insistence from the Foundation's program office, the SBHC's manager finally persuaded the sponsor to contribute a full-time social worker.

- Students formally recommended that the health center obtain additional staff (all current ones are African American) to reflect an imminent racial shift. Although this school's population is mostly African American, changes in enrollment are expected because of a shift in attendance area boundaries.

Members of the student advisory group serve as spokespersons for the health

41. At least two other sites had student advisory groups during their history, but they were defunct by the time of the visits.

center. They have testified at meetings of elected officials and have been interviewed by newspaper and television reporters. They march in local parades, wearing T-shirts with the SBHC's name. They represent the health center at school events, staffing a booth at a health fair or sitting at a table during open house. They are an important public relations resource for the health center as they carry information and messages to other students. They are also heavily involved with a fund-raising project currently in the planning stage.

Students on the committee and in the rest of the school recognize the importance of the advisory committee's work. Members are respected, listened to, visible, and taken seriously. They have a clear mission and sense of purpose and are a strong asset for the health center.

The Challenge of Being Nonjudgmental

Responding in a nonjudgmental fashion helps demonstrate respect, which sometimes requires practitioners to set aside professional opinions in deference to a student's environment. A nutritionist said, "How can I tell these children to avoid fat in their diet when they may go home every night to fried chicken for dinner? Maybe that's the only food on the table. The best I can do is encourage them to take the skin off, but maybe that'll offend their mom." Some students are living in situations that are clearly undesirable, but no other alternatives exist. A social worker said, "One of my students has no permanent home. She moves around all the time. But what choice does she have? She can't go home to her mother, who is a crack addict. The best I can do for her is listen. I've talked to her aunt about taking her in, but the girl is 18 and has a lot of problems. I don't approve of what she's doing, but she really has no other choices right now."

Staff Respect for Students

Throughout this report, we have referred to the value students place on the respect they receive from staff. Without question, the most effective way for SBHC staff to engage students is to demonstrate respect for them. Staff recognize that their work constitutes much more than just providing health services. For far too many students, the health center is the one place where they are heard and not judged. The staff are not teachers who grade students, peers who may be ignorant or whose friendship can be given or taken away, or parents who represent authority and control. Treating students as responsible individuals with genuine problems is a critical factor in obtaining their support and cooperation.

For far too many students, the health center is the one place where they are heard and not judged.

Staff demonstrate respect in a variety of ways. Confidentiality is crucial. Students must be secure in knowing their problems and questions remain solely between them and the practitioner. Sometimes aspects of a staff member's personality or character are important. When asked about their recommendations for staffing a health center, SBHC personnel usually insisted on hiring staff who enjoy working with adolescents. Students at this age are particularly sensitive to others'

opinions and quick to sense when people do or do not care for them.

Good health center staff demonstrate respect and encourage communication, yet avoid becoming peers or colleagues with the students they serve.

Staff also communicate respect through efforts to put students at ease during visits. Some talk with students before they undress for physical exams, so students are clothed, and hence on a par with staff, during the initial part of the encounter. Many nurse practitioners and physician assistants have students call them by their first names, hoping to remove some distance that traditionally separates caregiver and receiver.

Staff also set a tone of respect in the way they communicate with students about medical problems. Good staff use these discussions as an important way to educate students about their health, their bodies, and risk-taking behaviors such as substance abuse. A nurse said, "I try to always remember that these kids will be health consumers for the rest of their lives, so I try to teach them what to expect and what to demand." Inappropriate communication techniques forfeit educational opportunities or signal insensitivity to adolescents' concerns. One student at another site recalled being prepared for a gynecological exam: "The nurse asked me all these nosy questions, ones that were none of her business." When asked what the nurse wanted to know, she replied, "Like, when my last period was, if I'm sexually active, if I know about being a woman." Unfortunately, the nurse missed a chance to let the student know this was a standard set of questions for such an exam and educate her about their importance. Instead, the nurse gave the impression that she was prying.

To achieve effective operations, SBHC staff must balance their desire to establish trust with the need to maintain professional behavior. Good health center staff demonstrate respect and encourage communication, yet avoid becoming peers or colleagues with the students they serve. The vast majority have struck this balance successfully, which is sometimes a challenge given the extreme circumstances students may present. They draw upon their interpersonal skills and training to achieve productive working relationships with students.

We are aware, however, of two staff members who overstepped bounds of propriety. At one site, a social worker whose services are not particularly popular with most students found a few with whom she shares her personal problems. At another, a staff member went to a gang initiation, which involved a severe beating. She justified her action, saying that because the gang members learned to trust her, she has been able to avert other violent incidents.

As in other service delivery programs where they may be the only adults adolescents trust, SBHC staff must avoid overstepping the boundary that sets them apart as professionals. SBHC managers and clinical supervisors should ensure that staff are accessible to students but professionally proper. Staff should recognize the important position they hold in students' lives and pay attention to the image they project.

Conclusions

The experiences of these 24 health centers indicate that communication, responsiveness, and procedures for including school staff in the planning and operation of health centers are critical for establishing and maintaining productive relationships with schools. In most cases, school staff view the SBHC as a valuable resource that supports the school's educational mission by keeping students on campus and addressing nonacademic needs that affect student performance and behavior. Moreover, the health education many school-based health centers provide is a natural link between the SBHC and the classroom.

As described in Chapter 2, many health centers encountered some difficulties in initial relationships with school staff. For the most part, SBHCs resolved initial tensions early on by establishing procedures for student visits. Several have lingering tensions with school health staff over issues such as confidentiality, liability, and fears that SBHC staff will eventually replace school health staff. A few SBHCs have managed to relieve these strains by including school health staff in operations and meetings and emphasizing their complementary roles. In a very few, replacement of the school nurse has given schools the opportunity to choose staff whose styles are more compatible with an on-site health center.

Another factor that affects a health center's relationship with a school is staff turnover. Turnover among health center staff, as discussed in Chapter 4, is significant for a few SBHCs and appears to have increased as the Foundation grant period comes to a close. Frequent changes in key staff, particularly the nurse practitioner or physician assistant, make it difficult for a school to establish a stable relationship with an on-site health center.

School-based health centers have a variety of mechanisms to engage students. Most in this study have done so, as evidenced by students' regard for them and use of their services. Successful SBHCs engage students by respecting them and letting it show, while maintaining appropriate professional distance.

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Schools Reaching Out

Family, School, and Community Partnerships For Student Success

In working toward new definitions and practices of parent involvement, Mr. Davies notes, members of the League of Schools Reaching Out will be moving toward realizing the ideal embodied in an old African saying: "The whole village educates the child."

BY DON DAVIES

HOW IMPORTANT is involving parents in the schools – particularly in urban schools? Is it a part of the mainstream movement to reform and restructure American schools, or is it a sideshow? As it is traditionally defined and practiced, parent involvement is not powerful enough to have a significant impact on the policies and practices of urban schools. In fact, an emphasis on traditional parent involvement can divert attention from the fact that schools and families have inadequately promoted the academic and social success of some children. But, if its definitions and practices are redefined, parent involvement can make a powerful contribution to efforts to reform urban schools and to achieve our national

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Illustration by Kim Hackleman

aim of providing a successful school experience for all children of all backgrounds and circumstances.

NEW APPROACHES TO PARENT INVOLVEMENT

In recent years progress toward redefining parent involvement and linking it to school reform has been made on several fronts. James Comer, a Yale University psychiatrist, and his colleagues in several states have been working to reform schools that serve poor and minority children. Comer believes that, for these schools to be effective, parents must play a major role in all aspects of school life, particularly management and governance. He insists on the importance of fostering teacher/student/parent relationships in a democratic setting, and he emphasizes that teachers, families, and specialists must work together to promote the social and emotional as well as the academic growth of children.[1]

Henry Levin's accelerated schools model, first applied in San Francisco and in Redwood City, California, and now being expanded to a network of schools across the country, sets specific achievement goals for all children to meet by the end of the elementary years. Levin emphasizes comprehensive changes in curriculum, instruction, organization, and school management, with parents playing central roles both as resource people and as decision makers.[2]

Through many studies and a multischool project in Baltimore and other cities, Joyce Epstein has developed and is testing a model of school and family connections that consists of five types of involvement: 1) the basic obligations of parenting (responsibility for children's health, safety, supervision, discipline, guidance, and learning at home); 2) the basic obligation of schools to communicate with the home; 3) the involvement of parents at school as volunteers, supporters, and spectators at school events and student performances; 4) parent involvement in learning activities at home – facilitated by Epstein's program, Teachers Involve Parents in Schoolwork; and 5) parent involvement in school decision making, governance, and advocacy. A sixth kind of connection is under investigation for its contribution to school/family relations: collaboration and exchanges between schools and community organizations, agencies, and businesses. Epstein emphasizes the concept of overlapping spheres of influence and responsibility.[3]

Dorothy Rich's Home and School Institute sponsors projects in several school districts that assist parents in fostering children's learning at home.[4] And David Seeley has made important contributions to redefining parent involvement to encompass a wide range of family/school/community/learner partnerships.[5]

The "family support" movement has several well-known advocates at major university research centers, including Edward Zigler and Sharon Lynn Kagan of the Bush Center in Child Development and Social Policy at Yale, Heather Weiss of the Family Research Project at Harvard, and Moncrieff Cochran and his colleagues at Cornell. Family support programs, aimed at strengthening all aspects of the child's development, stress parent education at home and help parents connect with natural support systems. Many of the programs have links with school systems or early education programs, stimulated by the success of Missouri's statewide Parents as Teachers program. All of these efforts are, in part, responses to social changes that have left today's parents with less access to help and advice than parents of earlier generations had through extended families and close-knit communities.[6]

Each of the scholars and projects mentioned above is distinctive. Most have their own orthodoxies, and some have become the equivalent of brand names. But the commonalities outweigh the differences and add up to a new definition of what has usually been called "parent involvement." Three common themes are of central importance:

1. *Providing success for all children.* All children can learn and can achieve school success. None should be labeled as likely failures because of the social, economic, or racial characteristics of their families or communities.

2. *Serving the whole child.* Social, emotional, physical, and academic growth and development are inextricably linked. To foster cognitive and academic development, all other facets of development must also be addressed by schools, by families, and by other institutions that affect the child.

3. *Sharing responsibility.* The social, emotional, physical, and academic development of the child is a shared and overlapping responsibility of the school, the family, and other community agencies and institutions. In order to promote the social and academic development of children, the key institutions must change their practices and their relationships with one another.

SCHOOLS REACHING OUT

The Institute for Responsive Education (IRE) used these three themes as keynotes for a national project called Schools Reaching Out. The project, supported by five foundations (Leon Lowenstein, JM, Aaron Diamond, the *Boston Globe*, and the John D. and Catherine T. MacArthur Foundations), set as its purpose to redefine and expand parent involvement as a part of urban school reform.

The project began two years ago with two demonstration schools: the David A. Ellis Elementary School in Roxbury, Massachusetts, and P.S. 111 on the West Side of Manhattan. It has expanded into the League of Schools Reaching Out, with a current membership of 41 elementary and middle schools in 19 urban school districts in 13 states and Puerto Rico. The league subscribes to no single orthodoxy, but its members share a commitment to the three themes sketched above. The league schools will be considering issues raised in seven reports written by researchers for the project, who gathered data not only in the two demonstration schools but also in other member schools.[7] The schools are starting to put together new and broader definitions of parent involvement.

- The new definitions go beyond the term *parent*, which is too narrow to describe today's reality. *Family* is a more encompassing term. The most significant adults in the lives of many children may be grandparents, aunts and uncles, brothers and sisters, or even neighbors who provide child care.
- The new definitions go beyond parents or families to include all of the community agencies and institutions that serve children. Urban families need support and assistance – particularly those under stress because of economic hardship, the struggle to find adequate housing, or barriers of language and social

custom. Urban schools also need support and assistance to understand families, and communities can contribute a great deal to children's academic and social development.

- The new definitions go beyond having family members come to the school. Activities and services include those that occur at home and in neighborhood settings as well.
- The new definitions include not only those parents who readily respond to teacher and school initiatives but also the families that schools consider "hard to reach." The latter group (which in some schools encompasses a majority of families) includes those who lack the energy, time, self-confidence, or English-language proficiency to take part in traditional parent involvement activities, as well as those who are fearful of schools because of past experiences or cultural norms. In most schools, activities that fit the old definitions of parent involvement engage only a relatively small number of parents, who provide leadership and service and who are aware of the advantages of such involvement to themselves and their own children. And, of course, it is their children who benefit the most.
- The new definitions go beyond the agendas and priorities of teachers and school administrators to include the priorities of families themselves, and they extend beyond specifically academic activities to include all the contributions that families make to the education of their children.
- The new definitions of parent involvement in urban schools replace the old "deficit" views of the pathologies, traumas, and troubles of urban families and communities with a new mindset that emphasizes the inherent strengths of families. Improving the capacity of urban families to foster the social and academic growth of their children means building on the strengths of those families and of their diverse, multicultural communities. Cultural differences are not diseases to be treated but healthy opportunities for learning. The new definitions recognize that all families can be more effective in all aspects of child-rearing.

The League of Schools Reaching Out invites schools to choose among the brand-name approaches to building school/family/community relationships and to improving schools or to mix and match these and others with their own inventions to create new models – as long as these models focus on helping all children (not just some of them) succeed and on using family and community interventions and partnerships to help reach this goal. The new definitions should take the league schools beyond the traditional view of "parent involvement" as a desirable end in itself and move them toward involvement as a means of improving school outcomes, particularly the academic achievement and social success of children.

THE NEW DEFINITIONS OF PARENT INVOLVEMENT IN URBAN SCHOOLS EMPHASIZE THE INHERENT STRENGTHS OF FAMILIES.

I do not claim that the path of shared responsibility and partnerships is the *only* valid approach to reforming and restructuring schools. League members have worked with the IRE to search for practices that work. The schools will help one another understand, develop, and test new strategies that give practical meaning to the general concepts of providing success for all, serving the whole child, and sharing responsibility.

From the work accomplished thus far in the Schools Reaching Out project, I propose a three-part strategy for league schools and for other schools that want to move toward partnership. Three ideas that were found to work in the demonstration elementary schools of this project can be adapted to almost any school without necessarily waiting for the central office to invest heavily in parent involvement or to begin the process of systemwide restructuring. They are: 1) the parent center, 2) home visitors, and 3) action research teams of teachers.

THE PARENT CENTER

Sara Lawrence Lightfoot got it right: "The presence of parents can transform the culture of a school." At the Ellis School in Boston, the parent center – a room for parents – was a low-cost success. Some of the project's researchers said that the school was "a different place" because the parent center existed. It made possible the substantial, continuing, and positive physical presence of family members in the school. The tone and content of school conversations about parents and their communities change when parents are physically present in the building. It is difficult for school employees to say, "The parents just don't care," when caring parents can be seen daily.

Staffing the center were two paid coordinators (both of them parents of children in the school), as well as a number of unpaid volunteers. Parent visitors dropped in for coffee, a chat, and information; the center also sponsored English-as-a-second-language (ESL) and General Education Development (GED) classes for parents. Parents reported feeling more positive about the school and about being involved in their children's education because they had a welcoming "place of their own" in the school.

School administrators and teachers used the center as a resource. For example, through the parent center they could reach a mother whose child was in emotional distress, make arrangements for a school open house, order teaching materials, or offer comfort to children in moments of crisis.

Ellis School provides good examples of the kinds of specific activities in which a parent center might be involved. About 150 of the school's 350 families were directly reached by parent center activities during the year. The Ellis center:

- offered ESL and GED classes – both requested by parents and both well-attended;
- organized grade-level breakfasts that

brought together teachers, administrators, and family members to talk informally and in a nonthreatening atmosphere about curriculum, grade-level objectives, and classroom concerns;

- sponsored breakfasts for fathers, designed to bring male family members to the school to discuss the contributions that men can make to children's motivation and academic interests;
- served as an escort and referral service for dozens of parents who needed help in dealing with social service, housing, and health agencies;
- organized a clothing exchange and a school store-on-a-cart;
- organized a small library of books and toys for children; and
- recruited parent volunteers requested by teachers.

What are the requirements for a workable parent center? Based on our experience at Ellis, the requirements are simple.

1. *A physical space*. At Ellis, the center was located in a small classroom.

2. *Adult-sized tables and chairs*. At Ellis, there was also an old but comfortable sofa that someone had donated.

3. *A paid staff of parents*. At Ellis, there were two part-time coordinators, paid $10 per hour; at least one of them was present from just before school started in the morning until the school building closed at 4 p.m. Project funds paid for the staff salaries, but Chapter 1 funds can be used for parent workers, as can other state and federal funds.

4. *A telephone*. A phone is a low-cost but crucial piece of equipment to encourage school/family/community connections. At Ellis, the center's telephone was one of only two in the building and thus served as a magnet that drew teachers to the center.

5. *A coffee pot, a hot plate, and occasional snacks*. It is generally agreed that food eases conversation, sharing, and conviviality.

A parent center can be organized in any school. The cost is low: money from Chapter 1 and other special programs can be used, or small grants from local businesses or foundations may be obtained. The school district must provide – and protect – the space. A parent center is a useful way to encourage the sharing of responsibility for children's education.

HOME VISITORS

Family support programs and research on families with children in the elementary and middle grades have shown that families of all socioeconomic, racial, and ethnic groups want to learn more about how to help their children learn and succeed. What families do (rather than what demographic groups they fall into) affects children's learning. Behaviors linked to children's success include parents' positive reinforcement of children's academic efforts, supervision of homework, and reading, talking, and telling stories.

Since most families want to help their children learn and since family help is a positive factor in children's learning, schools should reach out to families in homes and in neighborhood settings to provide information, materials, and guidance to that large constituency that does not come to the school. A home visitor program, the second successful element in the demonstration elementary schools in the Schools Reaching Out project, makes this service possible. At Ellis School, a home visitor program reached about 75 families that had little other contact with the school and that said they would welcome such visitors.

Who were the home visitors? The school recruited and trained four women residents of the community who had experience in such community work as adult education, counseling, or the care and education of young children. They were paid $10 an hour, and they visited four to five families a week.

What did they do? They were not social workers or truant officers. They provided information to families about school expectations, the curriculum, rules, and requirements, and they dispensed advice and materials on how family members could help children with their schoolwork. They reinforced the school's Raise a Reader program, in which parents were encouraged to read regularly to their children at home. The home visitors also provided information and referrals on topics ranging from housing and health services to summer camps and child-rearing. They listened to family members' concerns and heard about their needs and interests, which they in turn conveyed to the teachers. The home visitors met with groups of teachers, many of whom treated them like colleagues and joined them in discussing strategies for helping with homework, dealing with parents' questions about schoolwork, and fostering children's language development.

There are a few requirements for a home visitor program.

1. A new definition of parent involvement is needed that is not limited to traditional parent activities in the school building. In addition, families must be viewed not as deficient but as sources of strength.

2. Funds are needed to pay the home visitors. As long as a program's focus is on improving student achievement, as it is in the Schools Reaching Out project, the school should be able to use Chapter 1 funds or funds for bilingual education for this purpose.

3. Training must be provided to the home visitors. Colleges, universities, and social service agencies are likely to have staff members who are interested in the program and who are willing to provide several hours of training so that home visitors can have a clear view of their responsibilities and the essential skills they need to help families help their children succeed.

4. A modest amount of supervision and support is needed. The principal, a Chapter 1 or bilingual teacher, or the coordinator of the parent center must oversee the program and supervise the home visitors.

5. Administrators and teachers must be willing to communicate with the home visitors so that their work in students' homes will be closely linked to classroom and school objectives.

Given such modest requirements, just about every urban school should be able to implement this practice. Through home visits, many families that are not linked to the school can be engaged in a collaborative effort to boost the chances for their children to succeed.

ACTION RESEARCH TEAMS

The third successful innovation in our demonstration elementary schools was the establishment of action research teams to involve teachers directly in studying home/school/community relations and in devising actions to improve their own practices. School/family/community partnerships will amount to little more than empty rhetoric unless teachers help design the partnerships, are devoted to making them work, and eventually find themselves benefiting from them.

Some approaches to parent involvement, such as the parent center and the home visitor program, engage parents and paraprofessionals. But without teacher participation, the partnership idea is seriously incomplete. The action research teams of teachers operate on the assumption that change and improvement in schools are most likely to occur when there are opportunities for teachers to work together collegially, with time for reflection and with support for trying new strategies. In both Ellis School and P.S. 111, Jean Krasnow found that "the process of enabling teacher researchers [to work] together in small problem-solving groups, using action research techniques, may be an innovation that in itself produces new thinking and reflection in the school."[3]

What are the features of this strategy? In both of the demonstration schools a researcher/facilitator organized a group of four teachers who met at least monthly. After doing some background reading in parent involvement and undergoing other training activities, the action research team in each school interviewed the rest of the faculty to determine how teachers felt about parents and parent involvement, what past activities had been successful (or not successful) in involving parents, and what concerns teachers had about increasing parent involvement. The studies uncovered some of the inevitable ambivalence and tensions that surround the idea of parent involvement – mixed feelings that are always present but often not dealt with by teachers.

JUST ABOUT ANY SCHOOL, URBAN OR NOT, CAN APPLY THE THREE-PART STRATEGY OF THE SCHOOLS REACHING OUT PROGRAM.

The teams used the results of the interviews to design several projects aimed at increasing collaboration between the school and its families. One of the projects, called Raise a Reader, bought children's books – as well as cloth to make tote bags in which primary students could carry books to and from school. The action research team also came up with the idea of awarding a series of minigrants (each totaling $150 to $200) to teachers who were not on the team to encourage them to reach out to families in a variety of ways that would enhance children's learning. This strategy produced a number of imaginative activities at little cost.

The research teams and the minigrants were teacher-controlled, nonbureaucratic mechanisms. Each teacher on a team received a stipend of between $400 and $600 – a modest amount but a concrete acknowledgment of a professional effort.

Action research teams of teachers require just a few changes in a school and its staff.

1. At least a small number of teachers must be willing to engage in the process of improving parent involvement.

2. Funds for small grants or stipends to teachers are necessary. These may be available from a local source.

3. A researcher/facilitator who is sensitive to teacher concerns can help teachers write proposals, design interviews, analyze and write up results, and lead discussions that will encourage reflection. There might be teachers or administrators already on a school's staff who understand the process well enough to serve as facilitators. A local university would be a good place to look for a volunteer or a low-cost facilitator – a faculty member or a graduate student could use the activity as a research opportunity. Another possible source of expertise is a school district's central office staff. Volunteers might also come from a local corporation, a community organization, or a senior citizens center.

Some schools in the League of Schools Reaching Out are considering modifying the concept of action research to include parents as members of the research teams. The assumption is that bringing parents and teachers together to study problems of home/school relations will be beneficial to a school's overall plan of sharing responsibility.

PUTTING IT ALL TOGETHER

The potential of a parent involvement program will be enhanced if it is treated as an integrated strategy with three distinct features: a means of attracting family members to the school (the parent center); a means of reaching families at home (the home visitors); and a clearly supported, teacher-controlled way of engaging teachers in improving curriculum and instruction through the creation of new kinds of connections with parents and other community resources (the action research team).

Just about any school, urban or not, can apply the three-part strategy of the Schools Reaching Out program. The costs are relatively low, and schools may be able to use outside funds, such as [illegible] from Chapter 1, to cover a large portion of the expense. No "superstar" principals or teachers are required.

Just about any school can arrange for parents, teachers, and administrators to participate together in planning, decision making, and governance. The laboratory school in New York, P.S. 111, developed an effective School/Community

Planning and Policy Council, which included parents and representatives of the community and became a strong asset to the school's outreach efforts. The council linked those efforts to the overall school improvement plan, which focused on strengthening teaching and the curriculum in the language arts. Such councils may help pave the way for more fully developed school-based management.

No school's outreach strategy will be complete – conceptually or politically – until educators and parents learn how shared decision making can help them "put it all together." Most past efforts toward school-based decision making have been a disappointment. Such disappointment is likely to continue unless collaborative approaches to governance – like other forms of outreach – are integrated into an overall school restructuring effort that encompasses all aspects of school life.

LEADERSHIP

In any school – including those in the League of Schools Reaching Out – leadership is essential if a school staff is to choose the partnership approach to school reform and to develop an understanding of the basic concepts of providing success for all children, serving the whole child, and sharing responsibility. However, these concepts are still radical in most urban schools. The choice to move in the direction suggested by this article – and by others in this issue of the *Kappan* – should be made by a broad spectrum of the constituents in a school and its community, not just by the principal. However, in most cases the leadership to reach out to the community will have to come from the principal, with the involvement of at least some of the teaching staff. According to the traditions of bureaucratic practice, leadership rests with the principal and will continue to do so until school-based management and other restructuring activities are much more widely implemented.

The administrators and teachers who are most likely to reach out to the community are those who have a sense of the urgency of the nation's urban educational and social problems, who are willing to see themselves as part of both the problem and the solution, who don't find outrageous the belief that all children can learn and succeed, and who see that teachers and administrators can benefit from improved connections with families. Sharing responsibility for children's learning and development can reduce the burden, the isolation, and the stress felt by so many hard-working and dedicated school professionals today.

The League of Schools Reaching Out offers a network of information, support, encouragement, recognition, and opportunities for research and pilot projects. It is a way for busy administrators, teachers, and parents to share experiences about what works and what doesn't. Through the league's mechanisms – a newsletter, a journal, and other publications; technical assistance; videos; computer bulletin boards; and video conferences – schools can draw on the theoretical and practical ideas that have been derived in recent years from the work of Comer, Epstein, Levin, Rich, Kagan, Zigler, Cochran, Weiss, Seeley, IRE's Schools Reaching Out, and others.

Members of the league have an opportunity to help one another pull together the diverse strands and recognize the commonalities in the progress that has been made toward new definitions and practices of parent involvement. In doing so, they will be moving toward realizing the ideal embodied in an old African saying: "The whole village educates the child."

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7. See the following articles in the spring 1990 issue of *Equity and Choice*: Martin G. Brooks and Richard A. Sussman, "Including Parents in the Schools: How Can 'Third Party' Interventions Make a Difference?," pp. 44-55; Don Davies, "Shall We Wait for the Revolution? A Few Lessons from the Schools Reaching Out Project," pp. 68-73; Dolores S. Goode, "The Community Portrait Process: School-Community Collaboration," pp. 32-37; Jean Krasnow, "Building New Parent-Teacher Partnerships: Teacher Researcher Teams Stimulate Reflection," pp. 25-31; David S. Seeley, "Are Schools That Are 'Reaching Out' Restructuring?," pp. 38-43; Susan M. Swap, "Comparing Three Philosophies of Home-School Collaboration," pp. 9-19; and Shepherd Zeldin, "The Implementation of Home-School-Community Partnership Policies: Policy from the Perspective of Principals and Teachers," pp. 56-63.

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Collaboration Between Schools and Community Agencies in Rural Settings

Beverly B. Hobbs

Within the last decade, a growing number of educators and service providers have approached the problems faced by at-risk youth through collaboration between schools and social service agencies (Melaville, Blank, and Asayesh 1993). Aware of the interrelatedness of risk factors and the inadequacy of unilateral efforts, schools and human service organizations demand a community-based, comprehensive response.

Collaboration refers to a joint effort undertaken by two or more agencies to solve a problem that no one agency can solve alone (Gray 1985). Despite the increase in collaborative efforts, there is limited information about these collaborations: how they are initiated, what form they take, and how they carry out their tasks (Kagan 1991; Lieberman 1986). The study reported here was conducted to increase understanding of how public schools and community human service agencies collaborate to provide more effective services for at-risk youth.

Research on School-Community Agency Collaboration

Research dealing with the collaboration of schools and human services agencies targeting at-risk youth began to appear in the literature consistently only recently and constitutes a limited data base. The findings of the largely exploratory school-agency collaboration research have primarily consisted of identified factors that facilitate collaboration, identified barriers to collaboration, and the preliminary outcomes of collaboration (Faddoul 1989; Firestone and Drews 1987; Levy and Copple 1989; Melaville and Blank 1991; Melaville, Blank, and Asayesh 1993; Robinson and Mastny 1989; Rodriguez, McQuaid, and Rosauer 1988). Those factors identified as facilitative have included a shared vision, support from top-level administrators as well as from those who deliver services, involvement of all stakeholders early in the process, realistic time frames, strong and effective leadership, adequate resources, and above all, flexibility. Barriers to collaboration have been identified as inflexible organizational policies and procedures, limited financial resources, lack of vision, turf issues, and a lack of information and understanding among participants regarding the various organizations involved. Preliminary outcomes of collaboration have been noted to include improved access to services, the development of new services, a broader base of community support, and increased communication among organizations.

Two studies —one by Barron (1983), and the other by Kagan, Rivera, and Parker (1991) — have contributed additional insight to the knowledge base. In Barron's study of the Madison Park Collaborative in Boston, the role of the "fixer" proved to be critical. Someone with knowledge of both sides of the collaboration was needed to help keep communications open among participants and to assist with the allocation of resources. One variable that Kagan, Rivera, and Parker (1991) examined in a nationwide survey of collaborations was the role of leadership. The findings called into question the necessity of shared leadership within a collaboration.

It is clear that the research base in the field of school-community agency collaboration is limited. Furthermore, much of what is known is based on experiences in urban settings. Barron (1983), Gray and Wood (1991), Kagan (1991), and others have all called for further research to expand the knowledge base in this rather underdeveloped field.

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The study described in this article was undertaken to explore how schools and community agencies collaborate to meet the needs of at-risk youth. Specifically, it sought to describe and analyze voluntary collaborations in rural settings. Four questions guided the study:

- Why and how was the collaboration initiated?
- What is the structure of the collaboration?
- What are the characteristics of the process?
- What are the outcomes of the process?

The Collaborations Studied

Four youth services teams (YST) located in two rural Oregon counties were selected for the study. The teams were nominated by state education and human services administrators as promising examples of school-community agency collaboration. On closer examination, they were found to be ongoing, information-rich examples of collaboration. The four teams represented voluntary interagency efforts undertaken by local schools and community-based agencies to address the needs of at-risk youth through a collaborative staffing process. The teams had no designated funding and thus relied on in-kind contributions from member organizations for their resource base. They varied in years of operation (from one to six years), in the size of the school districts they served (from 248 to 7,600 students), and in location (two were located in county seats; two were not).

Typically, the teams were composed of about 10 members appointed by local public schools, county social and health services agencies, and local law enforcement units. Team meetings were regularly scheduled once or twice a month and were facilitated by a designated team coordinator.

The teams followed a defined process consisting of three sequential steps: referral, staffing, and implementation. (See Figure 1 on page 27.) School and agency personnel submitted student referrals to the YST by completing formal paperwork that included a form authorizing the release and exchange of information and a referral form that provided pertinent student data, an explanation of the current problem situation, and actions taken previously to address the problem. Upon receipt of the paperwork, the team coordinator scheduled a staffing. At the staffing, the referring school or agency staff member and other stakeholders met with the YST to present information. Team members also shared relevant information they possessed, explored alternatives for dealing with the situation, and developed a plan of action for the student. Progress made in implementing the plan was assessed periodically, and changes were made in the plan as needed.

Data Collection and Analysis

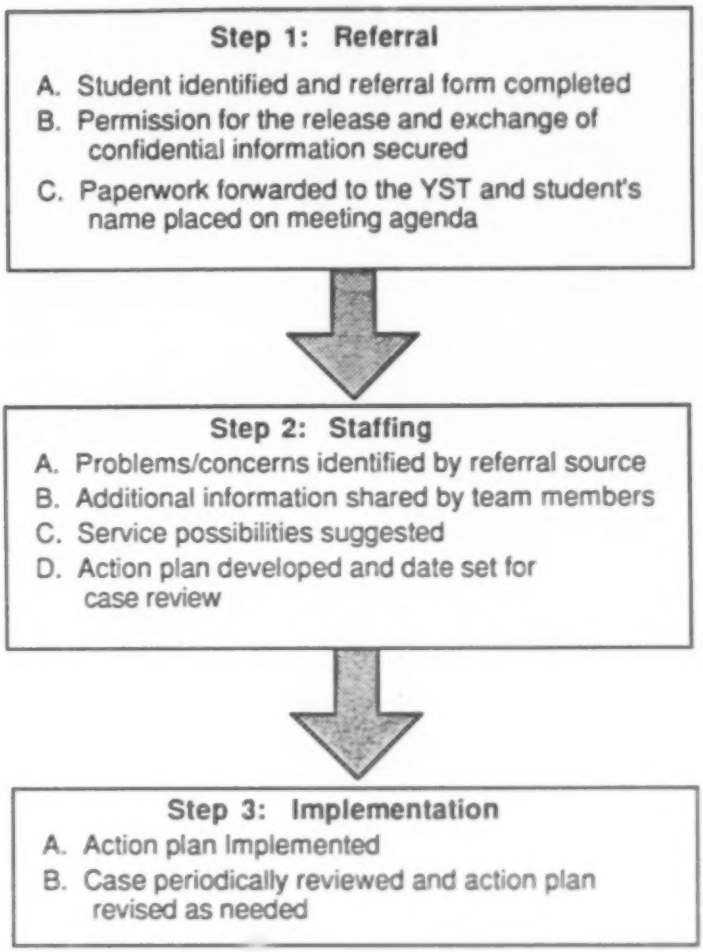
The nature of the research questions called for an exploratory and descriptive approach. A qualitative, multiple-case study design emphasizing understanding of process was chosen as the research design.

Data were collected between March and June of 1992. A structured interview format was employed in telephone interviews with 43 school counselors. Six questions related to the counselor's familiarity and experience with a YST comprised the interview format. A semi-structured interview guide was used in person-to-person interviews conducted with 50 YST members and selected school personnel. Questions were related to the four research questions; however, the interviews varied based on the background and experience of the respondents.

Two other primary sources of data were observation and document review. Observations of YST meetings were carried out to gather first-hand information about the teams in action. The observations centered on the activities and interactions of the individuals in attendance. Documents in the form of printed material and videotape were reviewed to gain more information and understanding. The independently produced documents consisted of the records of meetings, the formal agreements and bylaws of the teams, and other miscellaneous documents associated with the YSTs.

The analysis of the data proceeded inductively using a content analysis strategy. Initial data analysis occurred simultaneously with data collection, and indeed informed the collection. However, the more intensive, concentrated analysis and interpretation of the data was reserved until the data collection phase was largely completed. Then, through the use of a coding strategy and data displays (Miles

Figure 1.—Sequence of Steps in Youth Services Team Process


Step 1: Referral
A. Student identified and referral form completed
B. Permission for the release and exchange of confidential information secured
C. Paperwork forwarded to the YST and student's name placed on meeting agenda
Step 2: Staffing
A. Problems/concerns identified by referral source
B. Additional information shared by team members
C. Service possibilities suggested
D. Action plan developed and date set for case review
Step 3: Implementation
A. Action plan implemented
B. Case periodically reviewed and action plan revised as needed

SOURCE: Hobbs and Collison, in press. Used with permission.

and Huberman 1984), themes were identified and conclusions drawn and verified based on the preponderance of supporting evidence. This article presents those findings that pertain to the formation and structuring of the youth services teams and those related to the outcomes achieved by the teams.

Formation of the Collaborations

It was the awareness of unmet needs rather than an external mandate that prompted formation of the school-agency collaborations. The four YSTs coalesced around the need to improve services for at-risk youth. There was a common perception among school and agency personnel that youth at risk were not receiving the level of service that they needed. Services were either unavailable or were delivered in a piecemeal fashion that constrained their effectiveness.

Early Leadership —

Early leadership for all four teams came from the education sector. In two cases, the

conveners were school district administrators who first approached agency administrators about the possibility of collaborative problem-solving. Once administrators agreed to the idea, direct service staff were brought into the planning.

In the other two cases, service agency personnel and school district special services staff who were already involved in informal interagency efforts served as conveners, with the approval of school and agency administrators. Again, the position and experience of the conveners conveyed legitimacy as did administrative endorsement. Although a core group acted as the conveners, school district staff took the lead in organizing the efforts.

There was no indication that either a top-down or a bottom-up approach was more advantageous in terms of team formation and subsequent functioning. It was acknowledged, however, that both administrative and line staff support were necessary to implement the collaborative effort.

Identification of Stakeholders —

A major step in team formation was the identification of stakeholders. Schools, youth service agencies, and law enforcement units were easily identifiable, and their participation was invited.

There were, however, two stakeholder groups that were not involved in the initial planning — parents and classroom teachers. Deprived of critical input from these two groups, the teams initially overlooked issues that subsequently had to be addressed.

First, the teams were not sensitive to the amount of attention and support parents required to enable them to be contributing members of the YST process. Appearing before a team of school and agency officials was very intimidating for parents, and they were reluctant to participate on their own. Second, the teams were not aware of the expectations that classroom teachers and school counselors had of the process. It was found that school district central staff members, who represented the schools in the YST planning process, did not necessarily reflect perceptions found at the local building level, and this contributed to conflicting expectations and some disenchantment with the outcomes of the YST process.

Both of these stakeholder groups eventually were represented on the teams, but had they been so initially, much hesitancy, frustration, and miscommunication would have been eliminated.

Direction Setting —

Once a core of stakeholders was identified, conversations intensified among participants as to the need to collaborate and the goal of such collaboration. Ongoing conversations about the values and goals of individuals and organizations and a sharing of information about related policies and procedures led to increased understanding and the development of trust among stakeholders. Through the process, a shared vision of the future was developed. Key phrases from team vision statements included "cooperation and understanding between participating agencies," "coordinated community-based delivery of services for at-risk youth," "enhanced service delivery," and "facilitated access to cooperating agencies and community resources." In essence, the vision was one of improved services for at-risk youth accomplished through the pooling of school and agency resources and efforts.

Problems Faced by the Collaborations

While the tasks of formation were largely completed in six to eight months, structuring remained an ongoing concern. This observation pertained as much to the six-year-old team as it did to the team just entering its second year. The following discussion covers some of the major on-going challenges that the YSTs faced as they proceeded with their task of designing service plans for at-risk youth.

Loose Structure—

Each of the youth services teams formalized their intentions to collaborate through the signing of an interagency memorandum of understanding. These agreements contained very general language that articulated the vision of the effort but provided few specifics as to how the vision would be accomplished. For two of the teams, the agreements did no more than to specify that each of the member organizations would designate personnel to serve as team members. The agreements for the other two teams were a bit more detailed. For each team, a school representative was designated as team coordinator, and an annual schedule for YST meetings was established.

This loose structuring reflected a perceived sense of low interdependence among the organizations (Gray 1985). They could agree that they shared a common concern, and they could agree to collaborate through the YST, but otherwise they remained largely isolated, each performing its own identified mission.

Lack of Defined Objectives —

One outcome of the loose structuring was that team members set about their work without benefit of specifically defined objectives or a clear understanding of related roles and responsibilities. These issues had to be resolved after the teams began their work.

The lack of defined objectives caused misunderstandings and a degree of discomfort for some school personnel. One of the first questions that arose out of the ambiguity was: Who should initiate student referrals to the team? The overwhelming majority of referrals were made by teachers and counselors. Few agency staff members brought cases to the teams' attention. Over time, some school personnel came to view the YST not as a school-agency team but as an agency council that existed to give advice to school staff.

One school district team member expressed the feeling this way: "If the agencies brought referrals, then we could be resources to help, and it would make a different feel: that we are all on equal footing instead of us begging for help. That would be much more like a team."

Other school personnel expressed hesitancy to air "in-house" problems before the team, especially when agency staff never discussed their problems. In addition, the failure of agencies to refer youth to the teams was interpreted by some educators as a lack of respect for the expertise of school teachers and counselors. One school administrator reflected, "It is sort of like we can't be trusted, we aren't professionals. I don't understand why [agencies] feel they can help, but we can't."

Agency administrators and staff did not indicate any feelings of superiority or lack of appreciation for the work of educators. The agencies supported the YST concept and were willing to participate as team members, but they found little reason to make referrals. Unlike the schools, they were already linked with established interagency networks, and staff were hesitant to vary from familiar procedures.

A second source of tension that arose with regard to objectives involved differing expectations as to what kind of cases the teams were meant to staff. Schools tended to refer only students who were in a state of crisis, ones for whom the school had exhausted its resources. Agency team members pointed out the limitations placed on the YST process by such cases. In many instances, the students were already involved with community services, and there was little else that the team could offer. Team members felt that they were better able to serve students who were just beginning to show evidence of problems. Steps for early intervention could be coordinated and multiple resources brought to bear when they might have a chance to make a difference and prevent escalation of the problem. Where schools and teams differed on the definition of appropriate cases for referral, school referrals decreased in number.

The issues of who should refer and what kind of referrals should be made were problematic for all teams, although to varying degrees depending on how much opinions differed. The teams did work to openly address the issues, and greater understanding of positions, though not consensus, resulted.

Lack of Common Understanding of Roles and Responsibilities—

Related to the uncertainty about objectives was a lack of common understanding regarding the roles and responsibilities of team membership. As noted previously, the memorandums of agreement did little more than specify that each member organization would name a representative to the team. All team members recognized their responsibility to participate in YST meetings; however, they viewed it as "extra duty" beyond their regular workload. "I see it [YST] as providing service to the community. It has a value, but I don't see it as part of my job." When conflicts arose between team meetings and other job-related demands, the YST did not necessarily take precedence.

While members agreed that the YST constituted extra responsibilities, they differed in their definition of exactly what those extra responsibilities were. One area of controversy was whether a member's role was advisory in nature, or whether it was more associated with providing direct service. One position held that the role of team members was to provide information to help develop a plan of action for

referred students. This entailed reviewing agency or school records for pertinent information and sharing it with the team and also participating in brainstorming to develop options for service. Other team members felt they should additionally have a direct role in the implementation of action plans, taking responsibility for specific tasks. The latter course of action was the one that most school staff who made referrals wanted and expected.

For those members who did volunteer to complete tasks related to plan implementation, follow-through many times proved difficult. Limited time was the greatest impediment. The organizational in-kind contribution of support for the YST was primarily a contribution of personnel. Yet, because appointed staff did not have their work load reduced otherwise, that in-kind contribution actually reflected the personal contribution of individual members. Thus, as explained by one team member, often there simply was not enough time to follow through on tasks: "I wish there was more time for follow-through. I usually feel real good about the teaming of the situation, and then I guess I feel as alienated as the child and the family does. When push comes to shove, there really isn't enough time and resources to see it through."

Another factor in the lack of follow-through by team members was the lack of accountability. A team coordinator explained, "If someone hasn't followed through, it is just passed over." School and agency administrators did not supervise staff as they carried out YST duties, and the team coordinators had no authority to hold people accountable for their commitments. They could do little more than bring the situation to the attention of the team or take it upon themselves to pick up loose ends. The latter happened quite frequently.

The fact that follow-through on action plans was largely ineffective led the teams to search for alternatives. One of the teams developed a plan to fund a team case manager position with outside grants. This freed team members to fulfill their role as planners, a role they could carry out, and relieved them of responsibilities for implementing the action plans, a role they had found difficult to achieve. The other three teams did not find outside funding, and they continued to try to balance both roles with limited success.

Leadership Burden on Schools —

Another issue related to roles and responsibilities was that of team leadership. All four teams had one member who was designated the team coordinator. In three of the four cases the coordinator was an educator. For those three coordinators, the leadership role included receiving the paperwork tied to the referral process, setting the agenda, facilitating YST meetings, writing and distributing minutes of YST meetings, and helping school personnel with the referral process. It also included a good deal of follow-up on team action plans. In the fourth instance, the coordinator was a mental health counselor. His coordinator role consisted only of facilitating the team meetings. The local school district provided support personnel to receive the referrals, set the agenda, and take and distribute minutes of the meetings.

Thus, in essence, the leadership for all the teams was provided by the schools. At first this was not a problem, but as years passed and other agencies did not volunteer to share coordination duties, the burden on the schools became significant. In the case of the YSTs, leadership was not related to authority and control: there was no advantage to being in the coordinator position. Essentially, leadership meant increased responsibility, and organizations other than the school were unwilling to invest the additional resources that were required.

School personnel talked about a vision of shared leadership, but this vision was not echoed by any of the agency staff. By default, the leadership role fell to the schools. The lack of willingness to assume the leadership role adds additional perspective to Kagan's questioning of the importance of shared leadership in collaboration (1991). It also raises additional questions about the relationship between leadership roles and resource demand.

Need for a "Fixer"—

In the course of their functioning, the teams were significantly assisted by the efforts of team members associated with the regional educational service agency (ESA). At least one consultant from the ESA Student Services Program served on each team. These individuals had all worked in social service agencies before coming to their positions with the ESA, and thus they possessed an understanding of

both sectors. They used their knowledge and understanding to facilitate the collaborative process. They worked with individual school staff to assist with referrals, helped the teams establish record-keeping procedures, and in one case, a consultant served as team coordinator. They also sponsored training for team members to promote team building, and they helped to develop confidentiality guidelines for the teams. Although the ESA was nowhere officially tasked with supporting the teams, the assistance it provided to them was a significant factor in promoting their success. The role filled by the ESA was similar to that identified by Barron (1983) as "the fixer," and suggested that attention to task needs to be complemented by attention to process.

Impact of the Collaborations

Improved Communication—

Improvement in the communication between schools and agencies was the most noted outcome of the YST process. Although most of the agencies worked with one another quite regularly, schools had remained outside the interagency communication network. The YST presented the first opportunity for schools to tap into that network. Both school and agency staff noted the difference it made in increasing the knowledge and understanding of organizations, the sharing of information about students, and the development of working relationships. An agency team member explained:

> Those of us who have been around know everybody in every agency pretty much. It is this other facet we have never been hooked into, the school. Being able to use that expertise to deal with things you see in case loads is pretty exciting to me. We have never had that.

The increased communication had direct impact during the staffing of referred students and also had an impact on students who were not referred. The development of working relationships meant that school and agency personnel felt more comfortable talking to each other about cases. A school counselor commented, "It is nice being on the team, because now I have someone I can call. It is a name, a connection. They know who you are, and that makes it easier to approach an agency."

Unfortunately, the increased level of communication developed among team members did not extend to most other school and agency staff. With the exception of those who frequently brought referrals to the YST, other staff members did not have the experience of working across organizational boundaries on a regular basis. For them, the benefits of increased communication derived from the YST process were not directly noticeable.

More Access to Services for Students and Families—

A second outcome of the collaborative efforts was that students and their families were helped to identify and gain access to needed community services. All of the teams could tell many success stories. The YST process placed the student at the center of discussion, presenting an opportunity for his or her needs to be discussed from a community perspective and for a plan of service to be developed based on the input of many people, including the family.

Team members also pointed out that there were occasions when students were not well served, when resources were inadequate to meet needs. However, several team members remarked that even in those cases, the YST made a positive contribution in that it provided a public forum for discussing gaps in existing services and thus put pressure on the system to take action.

Because none of the teams tracked referred students for longer than a year, the long-term impact of the YST action plans on student outcomes was not known. Evaluation of the teams' efficacy was subjective, based on opinions rather than supporting data.

Conclusion

Developing an integrated approach to service delivery is not an easy task despite the best intentions of the participants. There are no proven models to adopt, and few guidelines to provide direction. By their very nature, school-agency collaborations are locally determined, shaped by the characteristics of local needs and the organizations that provide services. Even though the four YSTs in this study followed the same basic staffing process, they differed in organizational membership, in the way they defined roles and responsibilities,

and in the way members interacted with one another.

The YST process functioned outside of normal school and agency operations. It represented an alternate way to address the needs of at-risk youth that could be accessed by both schools and agencies, but it was not integral to their usual procedures, and for the most part, it did not change the fundamental way that schools and agencies provided services. The contribution of the YST lay in making more efficient use of existing systems.

The experience of these four rural collaborations supported many of the findings that have emerged from studies of school-agency collaboration conducted in urban areas. Conveners acted with informal rather than formal authority, the importance of including all stakeholders early in the process was underscored, member organizations developed a shared vision statement, and one of the participating organizations took it upon itself to act as a facilitator, helping both with team-building efforts and with team tasks. The necessity to clearly identify goals and objectives and define related roles and responsibilities was also demonstrated. Finally, outcomes such as increased communication among organizations and the provision of services to youth have also been found in previous studies.

In addition to confirming earlier findings, the experience of the YSTs raised some issues not previously noted, but ones that warrant exploration.

One of these issues was the question of leadership. Discussions of leadership usually involve topics related to power, authority, and control; however, the predominate concern of YST members was the additional responsibility that was associated with leadership. No organization, with the exception of the schools, wanted to accept responsibility for coordinating the teams because it demanded an increased time commitment. The long-term implications of "leadership by default" have yet to be identified.

A second issue was the relationship between the voluntary nature of team participation and the accountability of members. Team members were not held accountable by their school or agency administrators for their YST participation, and the team coordinator had no authority over team members. Members more or less determined for themselves what they would contribute to the YST. The lack of accountability hampered consistency of effort and the equal sharing of responsibility, but the teams chose to address the issue only indirectly. How a locus of authority and a corresponding system for accountability can be built into a voluntary network needs further exploration.

A third issue, one that was closely related to the other two, was the failure of many of the participating organizations to understand the *cost* that in-kind contributions of personnel time represent. In too many instances, YST participation was added to full work loads, with no time specifically dedicated to the YST. This hampered team members' ability to carry out YST responsibilities, and it understandably made them unwilling to assume the additional duties of team coordinator. Organizations must realize that time is a crucial resource for successful collaboration, and should not expect that time to come out of the personal resources of the individual.

The YSTs demonstrated that collaboration holds promise as a way to better serve at-risk youth. They also demonstrated that collaboration is a complex process, one that is initiated by gathering people around a table, but one that demands far greater commitment to effectively implement. □

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Stage Five
Going to Scale

"It's not mere replication of models we're after; it's replication on the needed scale, and that means systems change. If we are to provide truly responsive, truly effective services for much larger numbers, we must go from moving models to moving mountains."[1]

Lisbeth Schorr

Major Milestones

Partners **ADAPT AND EXPAND THE PROTOTYPE TO ADDITIONAL SITES** so that its profamily policies and practices eventually can affect the entire community.

Partners **DEVELOP A POOL OF COLLABORATIVE LEADERS, MANAGERS, AND SERVICE DELIVERY PERSONNEL** able to implement and staff profamily initiatives.

Collaboratives should work to **CHANGE UNDERGRADUATE- AND GRADUATE-LEVEL TRAINING IN COLLEGES AND UNIVERSITIES.**

The collaborative strives to **DEEPEN THE COLLABORATIVE CULTURE** of partner organizations.

Partners **DEVISE A LONG-RANGE FINANCING STRATEGY** to use existing resources more efficiently and to generate permanent resources for restructured services.

The collaborative **BUILDS A FORMAL GOVERNANCE STRUCTURE.**

Partners **BUILD AND MAINTAIN A COMMUNITY CONSTITUENCY** by implementing a social marketing strategy to communicate the collaborative's profamily vision.

The collaborative **PROMOTES CHANGES IN THE FEDERAL ROLE.**

Partners continue to **REFLECT** and **CELEBRATE** as they go to scale.

"Going to scale" is a frequently used but not yet well-defined term in the collaborative arena. For the purposes of this guide, going to scale means implementing service delivery strategies that reflect the principles of a profamily system of

education and human services in every part of a jurisdiction in which they are needed. As yet, no jurisdictions have gone to scale or developed an explicit strategy for achieving that end. The collaborative movement, however, is still in its infancy, and such an outcome should not be expected at this point.

It is important, though, for collaboratives to recognize some of the ingredients that will be required to go to scale in the future. The milestones in Stage Five identify some of these ingredients.

Milestone: Adapting and Expanding the Prototype to Additional Sites

"We must take advantage of the momentum for change that collaboratives build by designing more and more prototypes even as we learn from our experiences."

Martin J. Blank
Institute for Educational Leadership

Service delivery prototypes enable collaboratives to develop the knowledge and capacity necessary to accomplish comprehensive systems change. In Stage Five, the challenge is to adapt and expand successful prototypes to create a system able to identify and meet the needs of every child and every family.

As the collaborative moves to parlay its credibility and experience into larger efforts, it is likely to encounter stiff resistance. It is one thing to launch a prototype, but to advocate changing the whole system to reflect the collaborative's principles and practices is something else. At this juncture, the risk of projectitis will be greatest. Collaboratives may be tempted to avoid renewed resistance by continually fine-tuning the prototype instead of using their momentum to push forward fundamental change. Partners must, however, hold fast to their vision and their shared commitment to "move the mountain" of systems change. Persistence at this point will yield deeper and wider changes in service delivery.

Partners should recognize the need to move quickly to plan expansion sites. In San Diego, California, and Flint, Michigan, for example, partners began planning expansion before completing the final outcome evaluations described in Stage Four. Rather than waiting the 2 to 3 years necessary to obtain formal results,

Going to Scale in Charlotte

In Charlotte, North Carolina, Cities in Schools (CIS) began discussions with Charlotte School Superintendent John Murphy to move its initiative into all the district schools. CIS is a national organization that brings partner agencies and other providers together to offer services at school sites in collaboration with school personnel. In Charlotte, CIS has put together service teams at eight schools. Murphy and Charlotte's CIS Director, Cynthia Marshall, are working out an agreement to expand services to 13 additional schools each year until every school has a service team.

Murphy wants to make CIS the channel for all outside services that come into the schools. Thus, CIS would coordinate and solicit outside resources for at-risk children, serving as the single broker of services for Charlotte public schools. At the same time, an interagency committee that included the county, city, school district, and other interested parties would begin reviewing children's services in the Charlotte area and considering a proposal to expand several service models, including CIS. The potential for moving CIS to scale in Charlotte-Mecklenburg County is emerging gradually.

collaboratives should act on the continuing feedback of formal and informal evaluations that suggest they are moving in the right direction. In doing so, these collaboratives will not be ignoring evaluation; they will be capitalizing on the momentum for change using the best information available to help them.

In the process of expanding, the collaborative should remember that *each new site needs to repeat a process similar to the one carried out for the original prototype site*. This process is vital to gain the personal commitment of new players and create the shared vision of change in every new setting. Although the political process of building trust and ownership should not be rushed, the expansion sites should develop faster because the technical tools needed for the effort—data collection and data match methods, information-sharing techniques, and a basic implementation plan—will already exist. Of course, new participants will need to understand and adapt each technical tool to meet their particular neighborhood's needs.

Milestone: Developing a Pool of Collaborative Leaders, Managers, and Service Delivery Personnel

"Collaborative leadership requires developing a new notion of power and learning that the more power and control we share, the more we have to use."

Richard "Jake" Jacobsen
New Beginnings

As partners begin to plan additional service delivery sites, they also must continue to expand the pool of agency executives, managers, and line staff able to implement a profamily strategy. These collaborative leaders should be able to:

- Work with people possessing various perspectives in different systems,
- Communicate across organizational boundaries and with every part of the community,
- Build commitment to a shared vision,
- Creatively confront tough issues,
- Nurture leadership in others,
- Appreciate cultural differences, and
- Deal constructively with the tension created by diversity.

Systems change demands leaders who can hold fast to a collaborative's vision, battle bureaucracies, share power, and provide consistent direction. Effective leaders compromise when necessary but know when to hold their ground until others come around. To secure a collaborative's goals, they overcome the fear of failure, embarrassment, and the unknown to find the courage to change. Finally, collaborative leaders are passionate because, "It is passion that fuels will, and will that leads to action."[2]

Often, direct participation in joint efforts is the best way to expand the pool of collaborative leaders. Leaders develop as partners make the shift from a competitive approach to the win-win approach that is characteristic of successful collaboration. Leadership also develops as partners press themselves and each other to take risks.

Staff at all levels must develop a commitment to the goals of a profamily system and develop the skills and behaviors to provide services that are comprehensive; preventive; family centered and family driven; integrated; developmental; flexible; sensitive to racial, cultural, and gender differences; and outcomes oriented. This can be challenging, especially when staff find new approaches to service delivery at odds with their experience and training. Partners should make special efforts to promote leadership and the professional development of staff who come from the same backgrounds as the at-risk children and families they serve. For example, hiring

practices within partner agencies can be used to promote ethnic and racial diversity.

Collaboratives can foster the professional development of promising entry-level staff by pairing them with capable and experienced staff, providing release time for further study, and using other incentives. As part of their efforts to integrate services, partners also must find ways to develop leadership potential among at-risk young people while they are still in school. Efforts to encourage young people to participate actively in their communities, to help them pursue advanced education, and to encourage them to use their talents at home should begin when students are in the middle grades and continue throughout postsecondary training.

Collaboratives also can create new forms of inservice training and leadership development. The Youth Futures Authority in Savannah-Chatham County, Georgia, plans to start a leadership academy for professionals from different sectors. Cities in Schools established a leadership development program with Lehigh University that trains personnel at all levels of a collaborative. In Kansas City, the Coalition for Positive Family Relationships serves as a vehicle for a capacity-building effort that allows agencies and groups to grow professionally. Mid-level managers in New Jersey and Virginia participate in the Collaborative Leaders Program organized by the Institute for Educational Leadership.[3] Finally, the Georgia Academy for Children and Families is developing a competency-based curriculum on collaboration. Efforts such as these, as well as the incorporation of collaborative leadership principles and strategies into established agency staff development programs, will build leaders who think and act differently and who have the skills to make systems change a reality.

Milestone: Changing Undergraduate- and Graduate-Level Training In Colleges and Universities

"The best service integration efforts won't change the system if the universities keep teaching it wrong."[4]

Sidney L. Gardner
California State University, Fullerton

If interagency collaborative strategies are to be expanded, then colleges and universities must redesign preservice training. An increasing number of colleges and universities recognize this need and are trying to expose students to interprofessional activities while continuing to train them in their chosen fields.[5] These institutions recognize that part of the reason for today's fragmented system—where children and families are at times less important than agencies, programs, and disciplines—lies with the way in which institutions of higher education prepare professionals. They "accept the responsibility for changing coursework and practical experience so that students learn to put the needs of families ahead of the demands of agencies, programs, or disciplines."[6] Advocates of interprofessional education[7] do not necessarily seek to replace specialization with a purely generalist outlook on practice. Instead, they seek to build better bridges among disciplines so practitioners schooled in these disciplines can reinforce and support each other in meeting the needs of children and families.

Interdisciplinary activities do not necessarily require elaborate changes in course sequence or design. Progress can be made, for example, simply by having fieldwork supervisors in several disciplines agree to run a series of joint practicum seminars. These seminars would allow social work interns, student teachers, student nurses, and others to understand different perspectives and to consider how closer ties

with interdisciplinary colleagues could enhance their own work with children and families. Although still not a fully interdisciplinary curriculum, these opportunities for discussion and exploration can be influential learning opportunities, especially before attitudes are hardened by years in the field.

Reorienting existing courses and seminars to broader themes of collaboration is likely to be more effective than adding new ones. If interprofessional education is merely additive, it produces the same fragmentation now found in the service systems as new programs are added on top of old ones. An example of a university effort to provide more coherent education for future teachers, nurses, social workers, and other service professionals is described above.

Identifying and using exemplary service settings as learning laboratories is another means to shape attitudes and to teach the skills and behaviors necessary to deliver high-quality services.[9] Key staff could be designated and partially supported as "faculty" to demonstrate effective practices and work one-to-one with interns and visiting observers. According to Douglas W. Nelson of the Annie E. Casey Foundation, training in service centers should not be just tacked onto academic coursework. It "needs to be more consciously developed and embraced as a core strategic component of all local and state efforts to expand genuinely family-centered responses to the needs of children."[10]

Training for Interprofessional Collaboration at the University of Washington

The deans of the Schools of Education, Public Affairs, Public Health and Community Medicine, Social Work, and Nursing at the University of Washington are committed to building a collaborative approach into the core curricula of their schools through the Training for Interprofessional Collaboration (TIC) initiative. This commitment is demonstrated by the financial and substantive support given to involve faculty and the commitment of the University Provost in fostering collaboration among professional schools.

The TIC initiative operates on the "belief and understanding that interprofessional collaboration in human service delivery is an interactive process through which individuals and organizations with diverse expertise and resources join forces to plan, generate, and execute designs for solutions to mutually identified problems related to the welfare of families and children."[8]

TIC is working to:

- Provide experience, guidance, and role models of collaboration to 15-50 students each year in the Schools of Education, Public Affairs, Public Health and Community Medicine, Social Work, and Nursing;
- Provide inservice training to practitioners at service delivery sites;
- Develop preservice and inservice curricula; and
- Analyze the roles and competencies required for interprofessional service delivery.

Milestone: Deepening the Collaborative Culture

"The greatest challenge is to get people to . . . think collaboratively. A new collaborative mindset must be developed in the midst of all the governance structures floating around."

Argelio "Ben" Perez
Lansing School District

To realize the vision of change, the cultures of all the institutions and agencies in the collaborative must change. Collaboration must become a fundamental part of each agency's mission and approach. Beyond the efforts to change attitudes and develop leaders, several other steps are necessary.

Applying the Vision

Leaders begin to change organizational attitudes and cultures by applying the collaborative's profamily vision wherever possible within their own organizations. For example, partners can incorporate discussion of the elements of a profamily vision into staff development sessions and management seminars. They also can use the collaborative's vision as a framework for explaining their organization's objectives and activities. Partners also can use job descriptions created for the prototypes to guide the writing of job descriptions at their own agencies.

Leaders attempting to apply the vision may encounter tension between the collaborative's goals and those of their own agency. Persistent efforts will be necessary to maintain their credibility in both settings and to align gradually the vision of the parent organization with that of the collaborative.

Recognizing Others

Leaders committed to collaboration also should find ways to reward staff who devote time and energy to the collaborative. Although traditional private-sector incentives such as salary increases or bonuses may not be available, other incentives exist. Leaders can use job titles, office location, or permission to represent the organization at conferences or other events to give visibility and support to people working on a collaborative's initiatives. When promotions are available, leaders can recognize staff members who have proven their ability to work in collaboration with others. Of course, leaders should give rewards within the context of promoting their entire organization's well-being. Creating a two-tiered operation within an organization could cause resentment and damage future plans for collaborative work.

Milestone: Designing a Long-Range Fiscal Strategy

"Fiscal strategies must be driven by a new vision of the service delivery system we are trying to create."

Frank Farrow
Center for the Study of Social Policy

If partners intend to expand prototype service delivery throughout the system at the scale needed to reach large numbers of children and families, they need to develop permanent, long-range funding. The basic approaches outlined in Stage Three—redirection of current funding as well as refinancing and reinvestment strategies designed to maximize local, state, and federal funds—are likely to be the major financing vehicles.

Planning a financial strategy of this kind, however, is complex. It will require technical assistance, political expertise, and close cooperation from state agencies that administer major programs for children and families. (See the Bibliography at the end of this guide for references on planning financial strategies.)

The following guidelines raise issues that partners should bear in mind as they begin to develop their own plan.

- **Partners should not plan a fiscal strategy until they decide on the patterns of service delivery the collaborative intends to create.** Simply finding ways to generate new money will not cause systems change unless a plan exists defining how to use additional revenue to improve service delivery. A financial strategy should be the means to implement a service delivery design rather than an end in itself.

- **Partners should use the least complicated strategy possible to accomplish the collaborative's objectives.** (See Stage Three.) Financial strategies range from job redefinition and personnel redeployment efforts at the local level to decategorization and refinancing initiatives that may require policy changes or new legislation at the state level. The latter approaches require substantial skill, time, and political support to achieve. Collaboratives eventually will want to mix strategies, but they should first choose those that are easiest to implement and provide some stability while long-range strategies are evaluated and put into action.

- **Refinancing strategies should not increase the risk of audit exceptions or federal financial penalties.** Partners should explore the proposed strategy's potential for misuse of federal funds. States especially will be alert to this concern. This should be made an explicit consideration to ensure that inappropriate strategies are not launched and to assure state officials that an intended strategy can work at no risk to them.

- **The benefits of any financial strategy should clearly outweigh the difficulties of implementation and ongoing administration.** Generating new sources of revenue can bring ongoing administrative costs. Some federal cost accounting and reimbursement procedures can be burdensome. For example, labor-intensive documentation may be necessary to avoid accountability risks. When administrative costs outweigh the benefits of newly secured money, partners should develop a different strategy.

- **Monies freed up by refinancing strategies should be reinvested to advance a strategic plan to improve services, not used to offset deficits.** If a fiscal strategy is to improve outcomes for children and families, a commitment must be negotiated in advance that new dollars generated by a refinancing strategy *must be reinvested* in services to children and families. This agreement must be sufficiently strong to withstand increasing pressures to use these funds to prevent cuts in other areas.[11]

Several states and localities are developing financing strategies. A concern for out-of-home placements drove Tennessee's refinancing efforts, but state officials quickly realized that they needed to restructure the state's entire children and family services system. Given budgetary constraints, increasing the state's use of federal entitlement funds as a source of funding for new service delivery components was essential. Analysis revealed that the state could gain approximately $18 million in new funds through Medicaid and Title IV-E Child Welfare funding. In addition, the state wants to use the Early Periodic Screening, Diagnosis, and Treatment program (EPSDT, a part of Medicaid) as a source of support for

Major Funding Strategies for School-Linked Services

Education:

- **Chapter I** is the largest federal elementary and secondary education program. It serves educationally disadvantaged children and can support a range of education-related activities. State education agencies allocate Chapter I funds to local school districts.
- **Individuals With Disabilities Education Act (P.L. 101-476)** authorizes federal funding to states to ensure that children with one or more of 13 specified disabilities receive a free appropriate public education, including necessary related services. Part H (P.L. 102-119) of this act provides financial assistance to states to develop and implement a statewide, comprehensive, coordinated, multidisciplinary interagency program of early intervention services for infants and toddlers with disabilities and their families. This program operates through state lead agencies designated by the Governor.

Health:

- **Medicaid, Title XIX of the Social Security Act,** is a federal entitlement program administered by states to provide health care to the poor. States have a good deal of leeway in determining eligibility. Although all Medicaid states must provide core mandated services, they may choose to provide up to 31 optional benefits. Case management, for example, is an optional benefit offered in many states that school-linked initiatives could use.
- **Early Periodic, Screening, Diagnosis, and Treatment Service (EPSDT)** for children under 21 years of age is a mandated Medicaid service. Programs must provide outreach and case management services and may target high-risk populations. Basic benefits include health screening, vision, dental, hearing, and other necessary health care services. Pediatricians typically shy away from EPSDT because of the heavy paperwork and low reimbursement rates. However, free screenings, immunizations, and treatment of common childhood conditions can be provided at a school site and reimbursed through EPSDT, if the services to be provided all meet the conditions of the program.
- **Title V of the Social Security Act Maternal and Child Health Block Grant** is a revenue source that consolidates seven programs for mothers and children. Funds generally flow through local health departments, but a collaborative could use the funds to implement its strategy to integrate services.

Social Services:

- **Title IV-E of the Social Security Act** provides federal reimbursement for costs associated with out-of-home placement and foster care for children eligible for Aid to Families With Dependent Children (AFDC). Three funding streams for maintenance costs, administration, and training create opportunities for covering a variety of state and local costs. In 1980, Title IV-E was ruled able to cover costs of some efforts to prevent out-of-home placement. Depending on each state's plans, states can fund summer camps, transportation, and day care for children in foster-care homes. Case management also is allowable. State matching requirements vary according to a federally established formula.

Major Funding Strategies for School-linked Services (Continued)

- **The Family Support Act of 1988 (FSA)** has a JOBS component that provides education and training to several targeted groups of parents receiving AFDC to help them become self supporting. School-linked services such as adult education courses, child care, and case management could be reimbursed under JOBS.
- **Title XX Social Services Block Grant** is the major federal funding source for general social services. It supports an array of services for children and families as well as services to the elderly. Most services that a collaborative would want to offer in an integrated service initiative would be eligible for funding under Title XX.
- **The Child Care Development Block Grant** began in 1991. It is the first large-scale, direct federal support for child care. The At-Risk Child Care Program offers similar services. Collaboratives can use these funds for child care services for families at the prototype service delivery site.
- **The Alcohol, Drug Abuse, and Mental Health Block Grant** offers prevention, education, counseling, and treatment services. This program operates through designated state agencies, and it can provide a range of services desired in a prototype design.

preventive services through local health clinics.[12]

A collaborative in Contra Costa County, California, took a hard look at multiple agency budgets. Expanding and institutionalizing home-based services to keep families intact was its goal. A partnership of social services, mental health, juvenile justice, and the schools jointly reexamined federal entitlements and estimated that they could gain $5 million annually in new funds by claiming all allowable Medicaid and child welfare funds. The county was able to obtain a waiver from the state allowing it to claim some of these funds, and efforts are ongoing to pursue other claims.

In Maryland, the state legislature freed up some funding streams. The Governor's Office of Children, Youth, and Families and the Department of Human Resources allow local jurisdictions to use out-of-home care funds for inhome services if a local plan for effective use of the funds is approved at the state level. The legislature also permits local governments to retain 75 percent of any money saved from efficiently combining services and redirecting funds.[13]

States and localities can get help to finance integrating education and human services. The summary on pages 84-85 describes key federal sources.

Milestone: Building a Formal Governance Structure[14]

"The political ownership of the local governing entity within the community is as important as the functions it conducts."[15]

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If a collaborative is to permanently change the way an entire community responds to children and families, it must command widespread respect and support for its goals. Key child- and family-serving institutions must have a stake in the collaborative and see it as a means to improve their ability to serve children and families.

A collaborative also must win the respect of the broader community. Only when the collaborative has established itself as a legitimate force will other advocates,

policymakers, and service providers come to it as a forum for finding better ways to help children and families. In the final analysis, a collaborative's moral authority and legitimacy as a decisionmaking forum comes from its demonstrated ability to act on behalf of children and families.

An effective governance structure is necessary to ensure that the collaborative can take a leadership role. In Stage Five, partners should reexamine their governance structure in light of the following questions. A collaborative that can answer "yes" to each of them is in a strong position to integrate the elements of profamily service delivery in the education and human service systems.

- Does the collaborative have the authority to make decisions that cut across the education, human service, social service, health, juvenile justice, mental health, child welfare, and other service domains?
- Does the collaborative have a sufficient mandate from the local and state levels to perform its role in planning and implementing service delivery-level and systems-level changes?
- Can the collaborative facilitate new patterns of funding and decisionmaking, new forms of frontline practice, and new requirements for sharing client information and program performance data?

In many cases, a collaborative arriving at Stage Five represents the interests of many different sectors in the community, but it does so without any legal authority. This structure may work effectively in the short run. Eventually, however, partners need to determine if the collaborative has established a sufficiently formal and stable structure to ensure that its activities will continue.

One way to institutionalize a collaborative is to conduct its operations under the auspices of city, county, or state government. This approach has advantages and disadvantages. On the positive side, it establishes legal authority, public credibility, and the support of the governing administration. It also provides a "political home" for the collaborative. On the negative side, the politics of local government can sometimes consume a collaborative's energy and divert its goals.

Another option is to create a totally new legal entity. Such an entity might take different organizational forms. It could be a public-private intermediary chartered as a hybrid of a public agency and a nonprofit organization or a newly established nonprofit entity whose charter is to carry out the governing functions. A new entity has the advantage of beginning with a new mission that is "less likely to be confused with that of existing governmental bodies. From the start, it can establish its new purpose, new way of operating, and perhaps most importantly, its independence from existing special interests among current services. The disadvantages involve the sheer administrative difficulty of starting any new organization."[16]

As with many other aspects of this complex process, there is no clear-cut formula for building a permanent governance structure. Local collaboratives will have to learn from their own experience, build networks that enable them to learn from the experience of others, and share their experience by writing and speaking about their governance approaches.

Milestone: Building and Maintaining a Community Constituency

"Belief systems can be altered by posing the right information in the right context."[17]

Paul Aaron and Andrew Hahn

To produce communitywide change, the collaborative must communicate its profamily vision well beyond the boundaries of education and human service institutions. It must convince a wide audience that it is essential to rethink how a community uses its resources to support children and families, and it must provide a forum in which decisions can be made about how to improve services and outcomes for children and families.

The technologies and skills necessary to engage the interest of the community in child and family issues and to shape an agenda that reflects the collaborative's goals and objectives already exist in the corporate and political worlds. However, these skills are rudimentary, at best, throughout the nonprofit and public-service sectors. In the past, education and human service providers, especially those supported by public monies, have not had to develop constituencies or meet the demands of consumers to continue receiving funds. The need for a new approach to child and family services mandates that efforts to integrate services have community support. Collaboratives need to use the media and market their visions. Partners should remember that "good ideas don't speak for themselves."[18] For the collaborative's vision to have an impact, partners need to present it so that the community hears a clear message and sees its value.

The Basics of Social Marketing

Social marketing, like marketing in the private sector, involves designing a needed and wanted product and promoting the product to those who will support and use it.[19] The product in this case will be a vision of high-quality service delivery and the successful children and families it will create. Promoting this vision and the goals and objectives it entails begins in the early stages of forming the collaborative and occurs simultaneously within each partner organization. Eventually, however, the collaborative must take its message directly to the community. To do this effectively, the collaborative needs a long-range strategy designed to:

- Increase public awareness of the collaborative's existence;
- Build legitimacy for its decisionmaking role; and
- Expand public support for its goals and objectives.

A committee charged with identifying the issues, exploring options, and making specific recommendations to the larger group can handle this sizeable responsibility. The committee should include partners with experience in using the media or in developing social marketing campaigns and partners with specific skills in advertising; public relations; and radio, television, or print media. It also should include partners who represent key target constituencies (investors and potential consumers) that marketing strategies hope to reach. Groups also should consider finding technical assistance to complement the expertise found in the collaborative.

Orchestrating Social Campaigns

The collaborative's capacity to capture the interest of the media and that of the public rests largely on its ability to select compelling data and package it in easy-to-understand and easy-to-remember formats. Partners need to select data carefully. The data must highlight specific changes in the policy or practices of child- and family-serving institutions that are necessary to advance the collaborative's goals and objectives.

In an analysis of campaigns to mobilize community support on behalf of children and families in several cities, Paul Aaron and Andrew Hahn wrote, "Knowledge is a strategic asset that requires careful management."[20] Partners must make strategic choices to ensure that the data put before the public in social campaigns make

the case for change. Producing knowledge and accumulating research is not enough. Statistics must be packaged to give meaning. Data should illustrate personal stories and show where and how changes need to be made to improve outcomes for children and families. According to Aaron and Hahn, campaigns launched to change community attitudes toward children and families and to create a more responsive social agenda are similar in some key respects to antismoking campaigns or efforts to encourage voluntary recycling. The rules of persuasion necessary to develop a constituency and to gain momentum are similar in all three cases. Thus, successful initiatives:

- Are self-consciously committed to advocating new attitudes and new agenda. They are not impartial.
- Are opportunistic, flexible, and entrepreneurial. They capitalize on unexpected events and turn local, state, and national news to their own advantage.
- Employ facts to frame issues. Knowledge is used rather than accumulated.
- Repeat their message as often and in as many ways as possible.

Milestone: Promoting Changes in the Federal Role

> *"The federal government can lead best by example, beginning by developing a coherent national strategy to support families and their children."*[21]
>
> Governors' Task Force on Children

Research has shown that federal requirements that must be met in the delivery of children and family services often restrict the ability of states to organize funding and service delivery in a consistent and efficient fashion.[22] Fundamentally changing the federal system of services, however, will be a massive undertaking, especially given the complex political, social, and cultural dynamics that created the system in the first place. The system evolved gradually in response to many specific child and family issues, and it will not be changed easily or quickly. Even so, the federal government can take actions to foster more responsive service delivery for children and families at the local level. Collaboratives can do several things to foster such action.

First, the federal government can perform many of the roles that were identified for the states in Stage One: spreading a vision of profamily service delivery; coordinating policies, regulations, and data collection; streamlining counterproductive regulations; exploring innovative financing opportunities; creating incentives for states and localities to collaborate; developing training and technical assistance; encouraging networking among collaboratives; and supporting research and evaluation. Some of these roles are now being pursued. The collaboration by the U.S. Department of Education and the U.S. Department of Health and Human Services (HHS) to support the creation of this guide is one such example. Other departments have formed inter- and intra-agency commissions and work groups to address service delivery issues.

Second, the federal government can waive specific regulations to make service delivery more responsive for children and families. Both the U.S. Department of Education and HHS are exploring innovations in this arena. Because fewer HHS regulations are required by legislative statute, it is more flexible in this regard than the U.S. Department of Education. Collaboratives seeking service delivery changes should work with their states to push innovative ideas through the waiver process.

Third, collaboratives can work to ensure effective implementation of existing federal

policy that promotes more integrated and comprehensive services. One such example of more responsive federal policy is the direct certification provision of the Child Nutrition Amendments of 1989 discussed in Stage Three. This provision simplifies eligibility determination for school breakfast, lunch, and milk programs and increases access to these vital services. Unfortunately, this provision is being implemented very slowly across the country. Another example of federal support of more effective services is found in the Chapter I program that provides supplementary educational services to educationally deprived students. Federal provisions allow local education agencies to designate schools in which more than 75 percent of the population is eligible for Chapter I services as "Chapter I Schools." A Chapter I school can use these funds flexibly to serve every child in the school. The U.S. Department of Education estimates that 8,000 schools could take advantage of this provision; so far, only about 2,100 have done so. Widespread implementation of Child Nutrition and Chapter I policies will require aggressive dissemination efforts at the federal and state levels and a willingness to work out the mechanics of change at the local level. In both instances, local collaboratives can use their influence to encourage school districts to implement these provisions.

Landmines To Avoid

- Spending valuable time refining an effective prototype instead of pushing forward to adapt and expand it to additional locations.
- Rushing the time needed to identify community leaders and build a strong foundation at each new site.
- Neglecting to create the opportunities necessary to nurture an expanding pool of leaders, managers, and staff.
- Not using the collaborative as a training ground for leaders willing to share power, take risks, and accept their share of the blame.
- Keeping the collaborative's vision separate from the day-to-day operation of each partner organization.
- Attempting to plan a long-range financing strategy without technical assistance and then deciding refinancing is not possible.

Ultimately, if a profamily system that responds to the needs of all American families is to be realized across the nation, changes in federal legislation and regulations as well as increases in the level of federal financial support probably will be necessary. U.S. Department of Education and DHHS officials are willing to consider more flexible guidelines and requirements and are working to identify ways to increase flexibility. Local collaboratives can play a significant role in pushing federal-level changes by alerting federal officials to the barriers they experience in service systems and describing how federal resources could be applied more creatively to meet the needs of children and families.

Local collaboratives also must help state and federal governments anticipate the increased demand for services that more responsive service delivery is likely to generate. A reduction in the number of children and families receiving services should not be the bottom line on which the federal government bases its support. Instead, local collaboratives should point to the expected shift from costly crisis-oriented service to preventive and support services and use cost avoidance as the rationale for continuing change at the federal level.

Milestone: Reflecting and Celebrating

By this point, partners should be familiar with the reflection process. It will be nearly second nature to stop, ask questions, address concerns, and make sure the collaborative is heading in the right direction. The staff at the various service delivery sites also should use the reflection process as an ongoing part of staff meetings and evaluations. Celebrations—either private or public—will allow collaborators and staff members to take time to congratulate themselves, use their successes to make a case to the community, reflect on the path to the present, and ponder future challenges in creating a profamily system.

SECTION IV: MORE HINTS AND INNOVATIVE IDEAS FOR IMPLEMENTING INTEGRATED SERVICES

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GUIDELINES FOR NEW PARTNERS

- **INVOLVE ALL KEY PLAYERS**

Commitment to change must be broad-based and include all key players. In both service delivery and system level efforts, participation that involves representatives from appropriate levels of all the sectors and services necessary to achieve the initiative's goals and objectives is essential. Participants should include not only those with the power to negotiate change, but also representatives of the children and families whose lives will be affected by the results.

- **CHOOSE A REALISTIC STRATEGY**

Partners need to choose an interagency strategy that accurately reflects the priorities of service providers, the public, and key policy makers, the availability of adequate resources, and local needs. In situations where potential partners are not yet ready to undertake the financial commitment and degree of change inherent in collaboration, a cooperative strategy to coordinate existing services is a realistic starting point. Down the road, the trust and sense of accomplishment built up in these initial efforts will make it easier for agencies to accept the greater risks and more ambitious goals of collaboration. By the same token, when conditions already bode well for change, partners who never move beyond cooperation toward collaboration waste resources and pass by an important window of opportunity.

- **ESTABLISH A SHARED VISION**

Cooperative ventures are based on a recognition of shared clients. Collaborative partnerships must create a shared vision of better outcomes for the children and families they both serve. It will be far easier to agree on common goals and objectives if participants work to understand the issues, priorities, and perspectives that partners bring to the table and demonstrate a willingness to incorporate as many of these as possible.

- **AGREE TO DISAGREE IN THE PROCESS**

Participants need to establish a communication process that gives them permission to disagree and uses conflict and its resolution as a constructive means of moving forward. Interagency initiatives that circumvent issues about how, where, why, and by whom services should be delivered and resources allocated, in an effort to avoid turf issues and other conflicts, are likely to result in innocuous objectives that do little to improve the status quo.

- **MAKE PROMISES YOU CAN KEEP**

Setting attainable objectives, especially in the beginning, is necessary to create momentum and a sense of accomplishment. At the same time, sufficiently ambitious long-term goals will ensure that momentum is maintained.

- **"KEEP YOUR EYE ON THE PRIZE"**

It is easy for collaborative initiatives to become so bogged down in the difficulty of day-by-day operations and disagreements that they lose sight of the forest for the trees. Particularly in system level efforts, a leader from outside the direct service community who is committed to the goals of the initiative and able to attract the attention of key players, policy makers, and potential funders can ensure that a sufficiently ambitious agenda is devised and stays on track.

- **BUILD OWNERSHIP AT ALL LEVELS**

The commitment to change must extend throughout the organizational structure of each participating agency. Include staff representatives in planning from the earliest possible moment and keep all staff members informed. In-service training should allow staff time to air feelings about proposed changes and identify the advantages changes are likely to bring. Cross-agency training is essential to provide staff with the specific information, technical skills, and abilities necessary to meet new expectations.

- **AVOID "RED HERRINGS"**

Partners should delay the resolution of the "technical difficulties" that impede the delivery of comprehensive services to shared clients until partners have: 1) had the opportunity to develop a shared vision and 2) assessed whether specific impediments result from policies and operating procedures that can be changed or are from statutory regulations that must be maintained. The bulk of the differences that emerge usually result from misunderstandings or from policies that can be changed or otherwise accommodated. They should not be allowed to become "red herrings" that provide convenient excuses for partners who are not fully committed to working together.

- **INSTITUTIONALIZE CHANGE**

No matter how useful or well-designed, the net effect of interagency initiatives that are here today but gone tomorrow is minimal. If changes in programming, referral arrangements, co-location agreements, and other initiatives are to endure, both service delivery and system level efforts will need facilities, staff, and a continuing source of financial support. Participants must incorporate partnership objectives into their own institutional mandates and budgets and earmark the permanent flow of adequate resources to keep joint efforts up and running.

- **PUBLICIZE YOUR SUCCESS**

Interagency partnerships are a promising conduit for the large scale creation and delivery of comprehensive services to children and families, but, even when resources are reconfigured and used more wisely, current funding levels are insufficient to meet the level of need. Partnerships must demonstrate the ability to improve outcomes for children and families and express their success in future dollars saved and taxpayer costs avoided. Well-publicized results that consistently meet reasonable objectives will go far to attract the funding necessary to replicate and expand innovation.

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Pointers for New Partners

In studying existing collaborative efforts, Guthrie and Guthrie have compiled some do's and don'ts, including:

- **Map the territory.** List all child- and family-serving agencies in your community, both private and public. Identify their key decision-makers and bring them together—to meet, discover common problems and goals, and develop a core group willing to spend time planning the partnership.
- **Research other partnerships.** Visit, talk, read.
- **Develop a plan** that includes a common vision with specific goals and expectations, identifies each agency's role, lays out specific steps, and creates a method for evaluation.
- **Don't create additional bureaucracy** that appears to be coordinating without actually helping kids.
- **Don't assume that information will lead to action.** First, facts and data need to be digested and turned into personal knowledge. Action then takes more hard work and motivation.

San Diego City Schools superintendent Tom Payzant, in the middle of a developing collaboration, adds these thoughts:

- **Leaders must provide both the catalyst for and commitment to systemic change.** Such leadership may come from agency or department heads, policymakers, or community service activists.
- **Data can be powerful in driving decisions.** San Diego's effort was fueled in part by a study of one particular high school attendance area that revealed much duplication in the services provided by member agencies.
- **Avoid traditional score-keeping,** e.g., "my agency spent $35,674 and yours only spent $34,241." Commitment isn't always measured in dollars. Payzant reports he "had to buck our whole school district policy" to get the three portable buildings for the new student service center. The health department then reciprocated "with money they didn't think they had" for remodeling.
- **It's dangerous to rely on professional and political expertise alone.** A collaborative service system has to be user-driven, so keep checking with the children, youth and families being served.

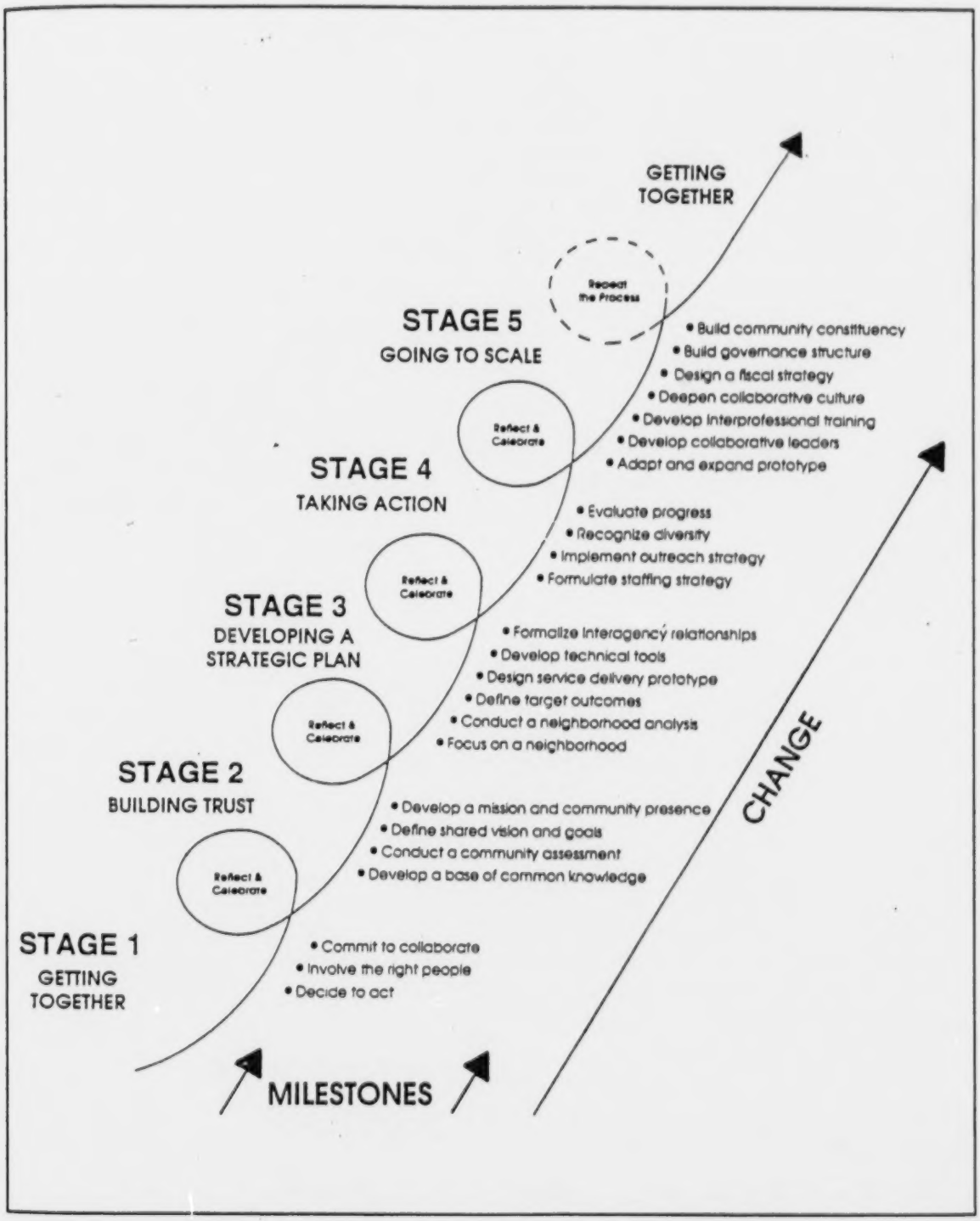

Figure 2. Building a New System: A Five-Stage Process for Change

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Summary of Five-Stage Process

***Stage One*: Getting Together.** In this stage, a small group comes together to explore how to improve services for children and families. They identify other community representatives with a stake in the same issue, make a joint commitment to collaborate, and agree on a unifying theme. They also establish shared leadership, set basic ground rules for working together, secure initial support, and determine how to finance collaborative planning.

***Stage Two*: Building Trust and Ownership.** Next, partners establish common ground. They share information about each other and the needs of families and children in their community. Using this information, they create a shared vision of what a better service delivery system would look like, and they develop a mission statement and a set of goals to guide their future actions.

***Stage Three*: Developing a Strategic Plan.** Here, partners begin to explore options that flow from their common concerns and shared vision. They agree to focus on a specific geographic area, and they design a prototype delivery system that incorporates the elements of their shared vision. Partners also develop the technical tools and interagency agreements needed to put their plan into action. During this stage, the group may go back to preceding stages to bring in new partners and to continue building ownership.

***Stage Four*: Taking Action.** Partners begin to implement the prototype. They use the information it provides to adjust the policies and practices of the organizations that comprise the prototype service delivery system. Partners design an ongoing evaluation strategy that helps them to identify specific systems-change requirements, make mid-course corrections, and measure the results.

***Stage Five*: Going to Scale.** Finally, partners take steps to ensure that systems-change strategies and capacities developed in the prototype are adapted, expanded, and recreated in locations throughout the community where profamily services are needed. To do this, partners continue to develop local leadership, strengthen staff capacity by changing preservice and inservice training, and build a strong constituency for change.

Players at the State Level

Successful collaboratives are rooted in communities and closely connected to the state. Clear communication channels link them to the agencies that administer education and human services, the legislators who make key policy decisions, and the Governor's office. In 15 states, counties play a major role in administering the human services system. In the remaining 35, the states themselves provide services directly through state employees who function at the local level. In both cases, states have a critical role to play in creating a profamily system. States can foster change by:

- **Spreading a Vision of a Profamily System:** States can specify the elements of such a system and champion that vision across the state. The vision should be flexible and adaptable to the special needs and concerns of each local jurisdiction.
- **Coordinating State-Level Policies, Regulations, and Data Collection:** States can create interagency task forces or commissions to coordinate policies and regulations among state-level departments and agencies. Reducing fragmentation at the state level helps to streamline service delivery at the local level. In addition, states can develop compatible data collection systems that make it easier for localities to compile and update interagency profiles of child and family well-being.
- **Streamlining Counterproductive Regulations:** States do not need to wait until localities ask for relief before exercising leadership. They can eliminate or simplify regulations they know are barriers to profamily service delivery. In addition, they also can develop mechanisms for acting quickly on specific local requests for waivers and exceptions to existing policy.
- **Exploring Innovative Financing:** States distribute federal entitlements such as Medicaid and child welfare funds. They need to work with localities to devise financing strategies that will assist local collaboratives to build a profamily system by taking full advantage of these opportunities.
- **Creating Incentives:** States can provide financial incentives such as special planning grants to encourage localities to collaborate. By the same token, providing incentives such as special professional development experience, relief from other duties, and flexible work assignments to state employees will ensure that localities get the help they need.
- **Developing Training and Technical Assistance:** States can support local collaboration by conducting regional training events. They also can develop information clearinghouses on the technical aspects of collaboration and provide assistance to help localities map the flow of state and federal dollars into their communities.
- **Convening and Networking:** States can create opportunities for local collaboratives to learn from each other and build mutual support networks. These forums can provide state policymakers and administrators with feedback on state efforts to support collaboration and identify areas in which state assistance must be changed or developed.
- **Supporting Research and Evaluation:** State dollars and technical expertise are critical in supporting the collection and analysis of local data on the needs of children and families and the effectiveness of new methods of service delivery.

Local collaboratives can encourage state efforts by:

- **Building Coalitions:** States are more likely to respond to a coalition of collaboratives that speaks in a single voice about the needs of children and families than to disparate demands from localities spread across the state. Coalitions can influence state policy and serve as a network through which people can share information and solve common problems.
- **Maintaining Close Contact With Legislators:** Local collaborators need to keep state legislators (as well as their federal counterparts) well informed about the progress of the collaborative.

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An Example of Neighborhood Analysis

In San Diego, California, a New Beginnings study team composed of staff from each partner agency conducted a multifaceted needs assessment in the Hamilton School area. The process helped the partners design an effective model and build strong relationships within the team. With substantial in-kind contributions from partners and some funding from the Stuart Foundations, the New Beginnings assessment included:

- **An action research project** that focused on how effectively partner agencies met family needs and that provided information on ways partners could improve service delivery. This was accomplished by a Department of Social Services social worker who provided case management services over a 3-month period to 20 families identified by school staff.
- **In-home interviews** of 30 additional families by public health nurses helped New Beginnings partners learn more about how consumers perceived service agencies.
- **A data match** process determined the current level of services provided to Hamilton families by three agencies and the extent of multiple use.
- **Focus groups of agency line workers and supervisors** used questions designed to capture their attitudes about the existing system and their suggestions for fixing it.
- **A migration study** looked at family movement from one neighborhood and school attendance area to another, since all agencies agreed that high mobility diminished their effectiveness.[3]

Checklist of Questions To Help Make Service Delivery Choices for a Profamily System

- What mechanisms will partners use to ensure that a wide range of developmental, prevention, support, and crisis-intervention and treatment services are available to all children and families in the targeted neighborhood?
- Which partners have resources (including staff, materials, funds, and expertise) or services that they could redirect to a joint effort?
- How can partners redirect resources to enhance developmental and support services for families who are not eligible for categorically funded services?
- What steps can partners take to ensure that all families receive the degree of services they need when they need them, while reserving the most costly services for those most in need?[7]
- How, where, and what services will the collaborative provide for youths who are not in school and adult family members?
- What mechanisms will the collaborative use to make referrals and ensure followup?
- What measures must the collaborative take to involve the family (including extended family members) as partners in planning and implementing service delivery strategies and to ensure that service agencies work to meet family needs rather than institutional preferences?
- How will the collaborative identify and complement family strengths?
- How can partners overcome families' distrust of service providers, especially among immigrant populations?
- What provisions will the collaborative make to include the families who are the hardest to reach in the system?
- What mechanisms will partners need to ensure respect and appreciation for cultural differences and to prevent undue intrusion into family matters, especially among immigrant populations?
- What actions should partners take to ensure that service delivery is not only equal and nondiscriminatory, but also responsive to the needs of all groups?[8]
- What do partners need to do to establish assessment and treatment processes that define "normal" in the context of each family's culture?[9]
- Where and when will the prototype provide services?
- What training and supervision should partners provide to help staff at all levels understand and accept responsibility for improving family outcomes?
- What can partners do to reduce accessibility barriers such as limited transportation, lack of child care, illiteracy, and lack of handicapped access?
- What needs to be done to respect and to use a family's spiritual and religious beliefs and traditions as resources?
- What mechanisms must partners develop to improve accountability for individual and community outcomes and the cost-effective use of existing resources?

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Should Services for Children and Families Be Located at a School?

Deciding whether to locate a service delivery prototype directly at the school depends on factors unique to each community and each school. Everybody involved in the planning process should discuss the issues raised below:

- **Trust:** Do families in the neighborhood trust the school? Has the school involved parents in making decisions, planning programs and meetings based on their needs, and learning about their children? Do groups from the community already use the school for community meetings and classes? Do parents come to school staff for help in meeting their daily needs? If parents do not voluntarily come to the school already, they may be reluctant to use additional services located at the school.
- **Access to Services for Children During School Hours**: Teachers and other school staff often become aware of problems while children are at school. Services located at a school allow immediate access to support and special services and can forge a critical connection between the child, family, and school. Referring the child and family to services away from the school site often means the child and family never receive the needed services.
- **Connection Between School and Other Staff**: When services are located at a school, there is ample opportunity for school and service agency staff to communicate about the needs of children and families. The communication may take the form of shared staff development, a joint consultation process involving school and service agency staff, or a quick conversation during recess. This communication is essential if school staff are to develop a broader perspective of the needs of children and to participate actively in a system of integrated services for children and families.
- **Availability of Space**: Some neighborhoods have plenty of school space and may even have whole school buildings that are not being used for instruction. Other schools may not have any room at all. Sometimes portable classrooms can be placed on a school site and used for integrated service programs. Careful and realistic planning is needed to balance staff needs for integrated services with the amount of space available.
- **Accessibility**: Access to services is complicated, especially for families who must walk or rely on public transportation. To be accessible, schools and other sites for services must be well lighted, close to public transportation, and located in areas considered safe by all groups in the community. Some school buildings may not be available after regular working hours. Hence, they would not be accessible to parents who are away from home during the day.
- **Where the Children Are**: In some neighborhoods, almost all children attend the local public school. In others, many children go to schools outside the district because of integration or choice programs, or they attend private or parochial schools. Some schools also enroll a large number of students who do not live in the neighborhood. The issue is whether services will be available and accessible to children and families who need them.
- **Regulations**: Schools and other agencies are sometimes subject to baffling and conflicting facilities regulations. In California, for example, schools are subject to a much stricter set of seismic safety standards than other buildings. Only buildings meeting these standards may be used by children during school hours. Medical facilities are subject to another set of regulations to be eligible for federal and state funds to reimburse the cost of services. There may be other important regulations in your area. A thorough check of applicable regulations is an important part of deciding where to locate services.

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Challenges for School Staff

- **See themselves as facilitators of learning.** Teachers do not want to become social workers, taking on all of the problems of a child's life. Teachers who are committed to their children's success, however, will use input from other professionals to consider a child within the context of his or her family, culture, and community, and they will use that information to adapt their instruction. They may help a withdrawn child to work in a cooperative learning group, give extra classroom responsibility to a child who needs adult attention and praise, and make sure to call or write the parent(s) of a child whose academic work is improving.

- **Recognize and support the role of the family in students' academic success.** As families have changed, they have become less responsive to the ways that schools traditionally communicate with them. Busy families may not see attending school meetings as a priority; they prefer to spend free time with their children at home. School staff may interpret this as a sign that families do not care about education. Families will respond, however, to suggestions or materials about helping children at home. Some schools have instituted programs of "Family Math" or "Family Kindergarten" in which the whole family attends events that feature learning games and activities for the home.

  Adults who do not have much formal education sometimes think they cannot help their children with school work. Schools and teachers can bring information and support to these families. Research shows that children's reading improves when they read aloud to someone else outside school hours, even if that person cannot read.

- **Be open to revising their interpretation of children's behavior.** In the classroom, teachers often respond to isolated incidents of behavior: a referral to the counselor for disrupting the class, a referral to the nurse for a headache or stomachache, or a referral to the truant officer for excessive absences. The profamily system will expect teachers to see the whole child, not just the fighter, the complainer, or the truant, and it will encourage teachers to consider that child's behavior in the context of their families.

- **Rethink their own roles in relation to children's behavior.** Many excellent teachers prefer to handle children's academic and behavior problems themselves, rather than refer a child to a counselor, social worker, or remedial instructor. While this approach is successful with many children, even the best teachers need help sometimes. It is not an admission of failure to use support and services from other professionals. Teachers who begin to share the responsibility for children with other professionals may need training and reassurance to communicate across professional lines. They will need dependable feedback so that they do not feel cut off from what is happening with their students.

- **Give a new system time to grow and develop.** When a school serves a large number of children from families in crisis, the school may feel as though it is in a crisis too. Instituting school-linked services is a major source of support for children, families, and school staff, but it does not happen overnight. As communication improves and families' needs are met, the new school-linked system of services can effectively aid a school staff in helping children to learn.

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DYNAMITE IDEAS:

Creative Uses of Funds

Butler County, Alabama, manages multiple funding sources through its community education program. One community educator has raised resources from a number of sources and combined these funds to provide critical education, family, and community services for the county:

- Library funds have purchased materials for parent education programs and continuing education classes.
- The state's Children's Trust Fund has agreed to support teacher training on identifying and addressing child abuse and neglect among students.
- Money from a drug education program has allowed counselors to help students build coping skills and self-esteem.
- Funds from the Southeast Alabama Mental Health Program support parent education and counseling services, as well as child care while parents are making use of these services.
- Parent Education and Child Abuse Prevention Programs are funded by the Exchange Club of Greenville and United Fund of Butler County.
- In-kind contributions are provided by Partners-in-Education, the Butler County Extension Service, the Juvenile Court, and the Department of Human Resources.

As a result of the provision of intensive parent education and child abuse prevention programs, parents are becoming more effective in their roles as parents and have higher aspirations for their children and their school.

CONTACT: Judy Manning
Coordinator of Community Education
Butler County Board of Education
101 Butler Circle
Greenville, AL 36037
(205) 382-2665

DYNAMITE IDEA:

Seeking Community Contributions

The Parent Center and parent involvement/support program at Sudduth Elementary School, in Starkville, Mississippi, relies on community volunteers and donations to support its activities. The local newspaper runs a weekly column, "Partners in Learning," devoted to parenting and children's learning issues. The local television station allows parents, children, and school personnel to demonstrate and televise good parenting techniques and at-home activities on its leftover public service time. Fund-raising for family gatherings and materials was made possible through an agreement with *Coca-Cola* and Mississippi State University's baseball team; parents sold concessions at the baseball games and all the proceeds went to the school. The "Coats for Kids" project provided needed coats to children at Sudduth, and the local police department (in conjunction with a college fraternity) came to the school to fingerprint all the students as a safety measure.

Because of these contributions, the Parent Center, which also offers social service referrals, evening workshops for parents (and child care for children), a toy/videotape/book library, mental health counseling, and a 24-hour parenting help line, costs the school district only the salaries of two paraprofessionals who act as home-school coordinators and who collaborate with other service providers.

CONTACT: Dr. Joan M. Butler
Principal
Sudduth Elementary School
Greenfield Drive
Starkville, MS 39759
(601) 324-4150

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DYNAMITE IDEA:

Getting the Word Out Through Teachers

The Natchez-Adams Chapter 1 Parent Center in Natchez, Mississippi, uses teachers to inform parents about the Center's services. New teachers are invited to a workshop at the beginning of each year which details the benefits of the Center's activities for students and families. Teachers are also told how the Parent Center can help them as teachers because it enables parents to become more involved with their children's school, teachers, and learning. All teachers are provided simple referral forms for the Center which they are encouraged to give to parents after a conference; the teachers note on the form those skills and services which the parents may need. Parents who come to the center have access to many services, including adult and parenting education, a program which allows parents to borrow computers to use at home, a library of educational materials, and social service referral.

CONTACT: Millicent Mayo
Natchez-Adams School System
P. O. Box 1188
Natchez, MS 39121
(601) 445-2897

DYNAMITE IDEA:

A "Feasibility Study" to Determine the Potential for Success

New Beginnings—a collaborative project in San Diego, California—conducted an extensive feasibility study before implementing a plan of action for coordinated services. Components of the study included "action research" which involved placing a social worker at the school to work with 20 families, interviews conducted by nurses with 30 additional families, focus group discussions with agency administrators and practitioners, tracking of student migration into and out of the proposed school site, and electronically matching data on school families to social service agency files.

The feasibility study determined that services are fragmented and crisis-oriented, families need help in order to get help, and the school is a good base for services, but the collaborative need not be school-governed. The results provided the information necessary for successful implementation. A center for integrated service delivery has since opened at an elementary school with a diverse population of 1,300 students.

CONTACT: Irma Castro
Center Coordinator
New Beginnings
2807 Fairmont Avenue
San Diego, CA 92105
(619) 527-6200.

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DYNAMITE IDEAS:

Collaborative Councils

The Networking Committee—a collaborative council in Decatur, Georgia—resulted from a desire to provide more comprehensive services for students who attend Oakhurst Elementary School. In 1988, the director of the DeKalb County Teenage Pregnancy Task Force and the superintendent of Decatur City Schools brought together six agencies who met with Oakhurst's principal to discuss how to improve service delivery for specific students. The Networking Committee has since grown and now serves as an umbrella organization representing private business, social agencies, the court system, parks and recreation, churches, United Way of Atlanta, grant agencies, and service organizations. Over thirty agencies currently work with the entire school system of nine schools. Two of the schools—Oakhurst and Fifth Avenue Elementary—serve as "nucleus sites" and provide parent education, health care, staff development, after-school care, and service referral for families.

CONTACT: Gloria Lee
Assistant to the Superintendent
City Schools of Decatur
320 North McDonough Street
Decatur, GA 30030,
(404) 370-4403

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DYNAMITE IDEAS:

Collaborative Councils
continued . . .

Pasco County, Florida, has created a Multi-Agency Council which includes the school superintendent, a juvenile judge, the director of health and rehabilitative services, the community health director, the sheriff, the assistant state attorney, the assistant public defender, and a county commissioner. The group meets quarterly to discuss the needs of children and youth in the county. Approximately fifty agency representatives, including school staff, serve as an audience at these meetings to present ideas or react to the discussion. Actions resulting from the council's discussions include improving services for school truants, establishing and funding an interagency child protection team to help victims of child abuse, developing a full-service school with extensive community participation, and establishing school-based drug abuse prevention programs.

Contact: Alex Weinberger
Supervisor
Student Services Department
Pasco County Schools
7227 Land O' Lakes Boulevard
Land O' Lakes, FL 34639
(813) 929-2442

SECTION V: RESOURCES ON THE INTEGRATION OF EDUCATION AND SOCIAL SERVICES

RESOURCES ON INTERAGENCY COLLABORATION

Some of the following agencies work directly on interagency collaborations and others work on family and community issues. The articles in the packet contain references to many places where collaborations have been initiated as well.

Academic Development Institute (ADI)

The ADI is a not-for-profit organization assisting families, schools and communities with the academic and personal development of children. ADI sponsors the Alliance for Achievement Network, Family Study Institute, and Center for the School Community.

Executive Director:	Sam Redding
Address:	Academic Development Institute 121 N. Kickapoo Street Lincoln, IL 62656
Telephone:	217-732-6462

Center for Families, Schools, Communities and Children's Learning

The Center is a consortium of researchers from Boston University Institute for Responsive Education, the Johns Hopkins University, the University of Illinois, Wheelock College, and Yale University. The mission of this Center is to conduct research, evaluations, policy analyses, and dissemination to produce new and useful knowledge about how families, schools and communities influence student motivation, learning and development. A second important goal is to improve the connections between and among these major social institutions.

Co-directors:	Joyce L. Epstein and Don Davies
Dissemination Director:	Owen Heleen
Address:	Institute for Responsive Education 605 Commonwealth Avenue Boston, MA 02215
Telephone:	617-353-3309

Family Study Institute (FSI)

The Family Study Institute is a parent education program of the Academic Development Institute. FSI offers training and materials for school-based, parent education programs.

Address:	Family Study Institute Suite 402 1603 S. Michigan Avenue Chicago, IL 60616
Telephone:	312-427-1692

Home and School Institute (HSI)

The Home and School Institute is a non-profit educational organization focusing directly on the educational role of the family, developing and implementing partnerships among the complex forces that play a role in education today. HSI unites home, school, media, business, social service agencies, unions and organizations in community support for schooling and student achievement.

President:	Dorothy Rich
Address:	Home and School Institute 1201 16th Street, NW Washington, DC 20036
Telephone:	202-466-3633

Institute for Educational Leadership (IEL)

IEL is a non-profit organization dedicated to collaborative problem-solving strategies in education and among education, human services, and other sectors. IEL programs focus on cross-sector collaborations, leadership development, business-education partnerships, school restructuring, and programs designed for at-risk youth.

Address:	1001 Connecticut Avenue NW Suite 310 Washington, DC 20036
Telephone:	202-822-8405

Joining Forces

Joining Forces promotes collaboration between education and social welfare agencies on behalf of children and families at risk. Information is available on strategies and programs for successful collaboration.

Director:	Janet E. Levy
Project Associates:	Sheri Dunn Robin Kimbrough
Address:	400 North Capitol Street, Suite 379 Washington, DC 20001
Telephone:	202-393-8159

National Center for Service Integration

The Center's goal is to improve life outcomes for children and families through the creative integration of education, health and human services. The Center is a collaboration of six organizations: Mathtech, Inc., the Child and Family Center, the National Center for Children in Poverty, the National Governors Association, Policy Studies Associates and the Yale Bush Center for Child Development. The Center's purpose is to stimulate, guide and actively support service integration efforts throughout the country.

Address:	Mathtech, Inc. 5111 Leesburg Pike, Suite 710

Falls Church, VA 22041
Telephone: 703-671-6208

National Community Education Association

NCEA works to advance and support community involvement in K-12 education, community self-help, and opportunities for lifelong learning. NCEA publishes *Community Education Journal and Community Education Today* ten times a year.

Address: 119 N. Payne Street
Alexandria, VA 22314
Telephone: 703-683-NCEA

Family Resource Coalition
The National Resource Center for Family Support Programs (NRC/FSP)

The (NRC/FSP) operates a computerized database to document and disseminate information on exemplary and innovative family support programs across the country. The Center identifies and develops resource materials for policymakers and practitioners and provides technical assistance, training, and consulting in family support program design and operations. The FRC also publishes a quarterly report, a publications and services listing, and short information brochures. The Fall/Winter 1993 Report is titled "Family Support and School-Linked Services."

Address: 200 S. Michigan Avenue, Suite 1520
Chicago, IL 60604
Telephone: 312-341-0900

Yale Child Study Center

In 1968, the Yale University Child Study Center and the New Haven School System entered a collaborative relationship in two elementary schools. The School Development Program (SDP) developed out of this collaboration and is now being used in 150 schools. SDP is a comprehensive organizational and management system based on knowledge of child development and relationship issues. The Yale Child Study Center offers training for school personnel and is now developing curricula and materials to assist schools in implementing the School Development Program model.

Program Director: James P. Comer
Address: Yale Child Study Center
P.O. Box 3333
New Haven, CT 06510
Telephone: 203-785-2548

References

At-Risk Youth in Crisis: A Handbook for Collaboration Between Schools and Social Services, including "Volume 3: Child Abuse" and "Volume 4: Substance Abuse" by Linn-Benton Education Service District and ERIC Clearinghouse on Educational Management, May, 1991.

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Full-Service Schools: A Revolution in Health and Social Services for Children, Youth, and Families by Joy Dryfoos, Jossie Bass, Inc. Publishers, San Francisco, 1994.

Integrating Education, Health, and Social Services in Rural Communities: Service Integration Through the Rural Prism by Robert Bhaerman, Research for Better Schools, 1994.

Link-Up: A Resource Directory, Interagency Collaboration to Help Students Achieve, available from National School Boards Association, P.O. Box 630422, Baltimore, MD 21263-0422, (703) 838-6722.

Rural Interagency Collaboration: A Resource Handbook for Schools and Human Service Agency Providers, Planners, and Policy Makers, based on results of a study sponsored by the Rural Education Agency Committee in collaboration with the New York State Education Department, 1992.

School and Family Partnerships: Surveys and Summaries, including "Section I: Questionnaires for Teachers and Parents in Elementary and Middle Grades" and "Section II: How to Summarize Your School's Survey Data" by Joyce L. Epstein and Karen Clark Salinas, Johns Hopkins University Center on Families, Communities, Schools and Children's Learning, 1993.

School-linked Service Integration in Action: Lessons Drawn from Seven California Communities by Victoria Carreon, available from the California School-Based Service Integration Program, San Francisco State University, (415) 338-2860.

Seamless Transitions: Collaborations That Benefit Children and Their Families Making the Move from Preschool to Early Elementary, including proceedings from the Early Childhood Clinics held in collaboration with Lesley College's New England Kindergarten Conference, 1992.

Supporting the Rural Community: Interagency Collaboration Through Advanced Telecommunications by Deborah Jolly, Michael Sullivan, and Richard Tompkins of the Southwest Educational Development Laboratory, presented at the American Educational Research Association Annual Meeting, 1994.

Towards Improved Services for Children and Families: Forging New Relationships Through Collaboration, a Policy Brief based on the Eighth Annual Symposium of the A.L. Mailman Family Foundation, New York, 1991.

Toward Integrated Family Services in Rural Settings: A Summary of Research and Practice by Jack W. Stoops and Janis L. Hull of the Northwest Regional Educational Laboratory, 101 S.W. Main Street, Suite 500, Portland, Oregon, 97204.

Who Should Know What: Confidentiality and Information Sharing in Service Integration by Mark Soler and Clark Peters. Available from the National Center for Service Integration Information Clearinghouse, c/o National Center for Children in Poverty, 154 Haven Avenue, New York, NY 10032, (212) 927-8793.